

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

NO. _____

YOKAMON LANEAL HEARN,

Petitioner,

v.

**RICK THALER
Director, Texas Department of Criminal Justice
Institutional Division,**

Respondent.

**EXHIBITS TO
PETITION FOR A WRIT OF HABEAS CORPUS
(Capital Case)**

Volume 2

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Houston, Texas 77004
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Counsel for Yokamon Laneal Hearn

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EXHIBIT 8

SOCIAL SECURITY ADMINISTRATION

Baltimore, Maryland 21235

CERTIFICATION OF EXTRACT FROM RECORDS

Pursuant to the provisions of Title 42, United States Code, Section 904, and the authority vested in me by 42 United States Code 902. I hereby certify that I have legal custody of certain records, documents, and other information established and maintained by the Social Security Administration, pursuant to Title 42, United States Code, Section 405, and that the annexed is a true extract from such records in my custody as aforesaid.

I further certify that all signatures of Social Security Administration annexed document(s) are genuine and made to the signers' official capacity.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of the Social Security Administration to be affixed this 1st day of July, 2005.



Steven Donnell
Division Director
Division of Earnings Record Operations
Office of Central Operations



ITEMIZED STATEMENT OF EARNINGS
FOR SSN [REDACTED] * * *

JOB:

FEDERAL SECURITY ADMINISTRATION
OFFICE OF CENTRAL OPERATIONS
300 N. GREENE STREET
BALTIMORE, MARYLAND 21290-0300

RANDY WALL CHAVEZ
P.O. BOX 1270033

NUMBER HOLDER NAME:
DIANNE JOHNSON

AUSTIN

TX 78727

PERIOD REQUESTED JANUARY 1966 THRU DECEMBER 2004

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
------	-------------	--------------	-------------	-----------	-------

EMPLOYER NUMBER: 75-1475009
WALTON FURNITURE INDUSTRIES INC
3443 BINKLEY
DALLAS TX 75205-5006

1977	106.35	220.20		\$	326.55
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EMPLOYER NUMBER: 41-1241707
MACO INC
405 S 8TH ST
MINNEAPOLIS MN 55404-0000

1977		488.75		\$	488.75
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EMPLOYER NUMBER: 95-2557851
MOTEL 6 G P INC
14651 DALLAS PRKWY STE 500
DALLAS TX 75240-0000

1978	-	-	-	\$	11.92
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EMPLOYER NUMBER: 69-0740001
THE UNIVERSITY OF TEXAS AT DALLAS
BUSINESS MANAGER
BOX 688
RICHARDSON TX 75080-0000

1979	1,256.62	1,654.19	1,710.57	1,196.72	\$	5,818.10
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VERSION 1984.002 * * *

ITEMIZED STATEMENT OF EARNINGS

FOR SSN [REDACTED]

* * *

JOB:

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
1981	-	-	-	\$	1,713.60
EMPLOYER NUMBER: 13-2844675 PRUDENTIAL BUILDING MAINTENANCE CORP OF TEXAS 1430 BROADWAY NEW YORK NY 10018-0000					
1980	-	-	-	\$	106.95
EMPLOYER NUMBER: 34-0902807 CLEVEPAK CORP CLEVEPAK CORP % MADISON MANAGEMENT GROUP INC 29 SOUTH LASALLE STE 355 CHICAGO IL 60603-1502					
1980	-	-	-	\$	561.36
EMPLOYER NUMBER: 95-2301514 BEVERLY HEALTH AND REHABILITATION SERVICES INC ONE THOUSAND BEVERLY WAY FORT SMITH AR 72919-0001					
1980	-	-	-	\$	69.87
1995	-	-	-	\$	63.75
EMPLOYER NUMBER: 36-2998720 OXFORD SERVICES INC & SUBSIDIARIES %HAWLEY GROUP INC PO BOX 723017 ATLANTA GA 30339-0017					
1981	-	-	-	\$	14.20

826
 SION 1984.002 * * * ITEMIZED STATEMENT OF EARNINGS FOR SSN [REDACTED] * * *

JOB:

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
------	-------------	--------------	-------------	-----------	-------

EMPLOYER NUMBER: 75-1094140
 GRACE PRESBYTERIAN VILLAGE
 MINISTRIES
 GRACE PRESBYTERIAN VILLAGE
 550 E ANN ARBOR AVE
 DALLAS TX 75216-6718

1981	-	-	-	-	\$ 1,183.87
1982	-	-	-	-	\$ 41.13

EMPLOYER NUMBER: 75-1371879
 CRESTVIEW NURSING HOME INC
 3105 STONEHENGE DR
 RICHARDSON TX 75082-4075

1982	-	-	-	-	\$ 135.41
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EMPLOYER NUMBER: 94-1685598
 ESSELTE METO INC
 ATTN-RUTH GACK-ACCT DEPT
 71 CLINTON RD
 GARDEN CITY NY 11530-0000

1982	-	-	-	-	\$ 3,035.00
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EMPLOYER NUMBER: 58-1400737
 DALLAS MEDICAL INVESTORS LTD
 MEADOW GREEN NURSING HOME LTD
 1935 GARRAUX RD NW
 ATLANTA GA 30327-2505

1983	-	-	-	-	\$ 1,325.25
1984	-	-	-	-	\$ 4,915.57

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RSION 1984.002 * * *

ITEMIZED STATEMENT OF EARNINGS

FOR SSN [REDACTED]

* * *

JOB:

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
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EMPLOYER NUMBER: 75-1846956
 AMBASSADOR PARK HOTEL LTD
 PARTNERSHIP
 AMBASSADOR PARK HOTEL
 850 E CENTRAL PARKWAY 190
 PLANO TX 75074-0000

1983	-	-	-	-	\$ 89.17
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EMPLOYER NUMBER: 86-0362136
 NORTH CENTRAL HOTEL CO INC
 DOUBLETREE INN-DALLAS
 % ACCOUNTING-P/R
 8250 N CENTRAL EXPRESSWAY
 DALLAS TX 75206-1803

1983	-	-	-	-	\$ 870.88
------	---	---	---	---	-----------

EMPLOYER NUMBER: 13-5409005
 EXXON MOBIL CORPORATION
 % PAYROLL TAX REPORTING
 PO BOX 3187
 HOUSTON TX 77253-3187

1984	-	-	-	-	\$ 1,297.08
1985	-	-	-	-	\$ 3,105.94

EMPLOYER NUMBER: 75-1923554
 MAINTENANCE OF DALLAS INC
 9876 PLANO RD
 DALLAS TX 75238-5103

1984	-	-	-	-	\$ 651.00
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EMPLOYER NUMBER: 34-0862393
 C B R UNIVERSAL INC
 11 LONGMEADOW LN
 BEACHWOOD OH 44122-7518

1986	-	-	-	-	\$ 3,031.75
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1826

RSION 1984.002 * * *

ITEMIZED STATEMENT OF EARNINGS

FOR SSN [REDACTED]

* * *

JOB:

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
1987	-	-	-	- \$	341.70

EMPLOYER NUMBER: 61-0703028
 LONG JOHN SILVERS INC
 % PAYROLL DEPT
 5200 COMMERCE CROSSINGS L51-10
 LOUISVILLE KY 40229-2182

1987	-	-	-	- \$	4,112.20
1988	-	-	-	- \$	8,496.84
1989	-	-	-	- \$	9,473.81
1990	-	-	-	- \$	8,021.97

EMPLOYER NUMBER: 62-0799798
 SHONEYS INC
 1717 ELM HILL PIKE STE B1
 NASHVILLE TN 37210-3628

1990	-	-	-	- \$	1,475.00
1991	-	-	-	- \$	7,163.28
1992	-	-	-	- \$	1,584.76

EMPLOYER NUMBER: 75-2325368
 INNS OF CBS INC
 PIZZA INN
 6900 GRAPEVINE HWY
 FORT WORTH TX 76180-8867

1992	-	-	-	- \$	1,452.45
1993	-	-	-	- \$	1,075.26

EMPLOYER NUMBER: 38-1510762
 KELLY SERVICES INC
 % ATTN TAX DEPT
 PO BOX 331179 ATTN TAX DEPT
 DETROIT MI 48232-7179

1993	-	-	-	- \$	875.25
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SION 1984.002 * * *

ITEMIZED STATEMENT OF EARNINGS

FOR SSN [REDACTED]

* * *

JOB:

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
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EMPLOYER NUMBER: 75-1506653
 BEEFERS SYSTEMS INC
 3000 E LOOP 820
 FORT WORTH TX 76112-6567

1993	-	-	-	-	\$ 1,025.31
1994	-	-	-	-	\$ 2,972.20

EMPLOYER NUMBER: 75-2161061
 DALLAS MARKET CENTER COMPANY
 12-31-86
 BILLINGSLEY LUCY GEN PTR
 2100 STEMMONS FRWY
 DALLAS TX 75207-3005

1993	-	-	-	-	\$ 592.88
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EMPLOYER NUMBER: 75-0758523
 FORT WORTH POLICE OFFICERS ASSOC
 904 COLLIER ST
 FORT WORTH TX 76102-3565

1994	-	-	-	-	\$ 44.63
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EMPLOYER NUMBER: 74-1940998
 PEAKLOAD INC OF AMERICA
 PO BOX 37
 BARKER TX 77413-0037

1995	-	-	-	-	\$ 29.75
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EMPLOYER NUMBER: 75-2124010
 DMN INC
 508 YOUNG S
 DALLAS TX 75202-4893

1995	-	-	-	-	\$ 2,208.85
1996	-	-	-	-	\$ 12,624.72

ITEMIZED STATEMENT OF EARNINGS

JOB:

ON 1984.002 * * *

FOR SSN [REDACTED]

* * *

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
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EMPLOYER NUMBER: 75-2538377
 MISSION CORPS INTERNATIONAL OF
 TENNESSEE INC
 HELPING HANDS TEMP SERV OF DALLAS
 % MISSION SERVICES
 PO BOX 1553
 STONE MTN GA 30086-1553

1995	-	-	-	-	\$ 2,330.08
------	---	---	---	---	-------------

EMPLOYER NUMBER: 75-2636936
 BELO MANAGEMENT SERVICES INC
 400 S RECORD ST
 DALLAS TX 75202-4841

1997	-	-	-	-	\$ 17,127.37
1998	-	-	-	-	\$ 8,670.23

EMPLOYER NUMBER: 22-2228945
 ABLEST SERVICE CORP
 ANDERSON RD
 1901 ULMERTON RD STE 300
 CLEARWATER FL 33762-2317

1999	-	-	-	-	\$ 1,284.50
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EMPLOYER NUMBER: 75-0800694
 C C YOUNG MEMORIAL HOME
 4847 W LAWTHOR DR STE 100
 DALLAS TX 75214-1853

1999	-	-	-	-	\$ 1,695.38
------	---	---	---	---	-------------

EMPLOYER NUMBER: 75-2591784
 AMERICAN STAFF RESOURCES CORP
 5050 W LEMON ST
 TAMPA FL 33609-1104

1999	-	-	-	-	\$ 270.00
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ITEMIZED STATEMENT OF EARNINGS

JOB:

1984.002 * * *

FOR SSN [REDACTED] * * *

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
2000	-	-	-	-	\$ 2,430.83

EMPLOYER NUMBER: 75-2572794
 ESSILOR LABORATORIES OF AMERICA L P
 13515 N STEMMONS FWY
 DALLAS TX 75234-5765

2000	-	-	-	-	\$ 10,624.09
2001	-	-	-	-	\$ 4,542.54

EMPLOYER NUMBER: 75-2192081
 RECONCILIATION CHURCH
 17300 N DALLAS PKWY STE 2040
 DALLAS TX 75248-1195

2001	-	-	-	-	\$ 1,200.00
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EMPLOYER NUMBER: 75-2673025
 SAMARITAN SERVICES INC
 1617 PEAR ST
 DALLAS TX 75215-4146

2001	-	-	-	-	\$ 36.00
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EMPLOYER NUMBER: 74-3034712
 VISION STAFFING INC
 4311 BRYAN
 DALLAS TX 75204-6738

2002	-	-	-	-	\$ 42.25
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EMPLOYER NUMBER: 75-2336522
 DALLAS MINISTRY FOR LIFE INC
 DALLAS LIFE FOUNDATION
 1100 CADIZ ST
 DALLAS TX 75215-1064

2002	-	-	-	-	\$ 595.00
2003	-	-	-	-	\$ 2,090.00

JOB:

ITEMIZED STATEMENT OF EARNINGS

FOR SSN [REDACTED] * * *

MARCH APRIL - JUNE JULY - SEPT OCT - DEC TOTAL

EMPLOYER NUMBER: 75-2677948
SEVENTEEN HB DALLAS

INCORPORATION
MARK HOTEL
30 OLIVE CORP
LOUIS MO 63141-0000

EMPLOYER NUMBER: 75-2961574

GM ENTERPRISES LLC
DOUBLE D RANCH
12809 EASTGATE DR
MESQUITE TX 75181-2032

2002 - - - \$ 390.00

2002 - - - \$ 716.06

THERE ARE NO OTHER EARNINGS RECORDED UNDER THIS SOCIAL SECURITY NUMBER FOR THE PERIOD(S) REQUESTED.

EARNINGS FOR THE YEARS AFTER 2003 MAY NOT BE SHOWN, OR ONLY PARTIALLY SHOWN, BECAUSE THEY MAY NOT YET BE ON OUR RECORDS.

PAGE 009 END

EXHIBIT 9

09/14/94

TARRANT COUNTY JUVENILE PROBATION
CHRONOLOGICAL NOTES

PAGE 1

NAME: HEARN, YOKAMON LEANEAL

P.O.: WOODERT

DATE TYPE CONTACT

09/14/1994 OV CLIENT/AUNT

ON 08/18/94, 15 YEAR OLD YOKAMON HEARN WAS REF. BY THE FWPJ ON A CHARGE OF CRIMINAL TRESPASS. ACCORDING TO THE POLICE REPORT, THIS JUVENILE AND HIS 12 YEAR OLD COMPANION WENT ON TO THE PROPERTY OF THE VICTIM AND ATTEMPTED TO STEAL THE VICTIM'S SON BICYCLE. YOKAMON WAS ALSO CHARGE WITH THEFT \$200. THE CASES WERE FILED OUT OF CUSTODY.

ON 08/22/94, THE CASE WAS ASSIGN TO P.O. WOODERT. THE INTAKE INTERVIEW WAS SCHEDULED FOR 09/14/94.

ON 09/14/94, YOKAMON AND HIS AUNT, PEARLIE MAE MIKE, APPEARED FOR THE SCHEDULED INTAKE INTERVIEW. THE INCIDENT WAS DISCUSSED WITH THE JUVENILE AND AUNT.

MRS MIKE IS NOT HAVING BEHAVIORAL PROBLEM WITH HER NEPHEW, ALTHOUGH SHE CAN NOT FIND YOKAMON MOTHER (HER SISTER) THIS YOUNG MAN HAS LIVE WITH HER FOR ABOUT NINE MONTHS. IT IS VERY LITTLE SHE CAN LEGALLY DO WITH HER NEPHEW WITHOUT THE MOTHER CONSENT. I TOLD HER I WOULD CONTACT CPS TO SEE IF THEY CAN BE OF SOME ASSISTANCES.

YOKAMON HAD A GOOD ATTITUDE AND SEEMED TO RESPOND TO THE COUNSELLING IN A SERIOUS MANNER. HE WAS TOLD IF ANY FUTURE VIOLATIONS OCCURRED, HE WOULD BE TAKEN TO COURT.

INTAKE COMPLETED. CASE ADJUSTED.

EXHIBIT 10

REQUEST FOR SPECIAL PAYMENT

TO: Leanne Johnson, Administrative Assistant, 128-6

From: Trecia DeBaun 98 129-3 735-9381 x2055
Caseworker Name Unit Mail Code Phone #D & Extension

Date Money Needed by: _____

Child(ren) for whom request is being made: Yokoman HearnDOB: [REDACTED] AGE: 16 SEX: M RACE: BPRS CONSERVATORSHIP: Yes ☒ No _____Estimated Request: \$ 300.00How long has the child(ren) been in conservatorship: 3 months

plus relative clothing allowance

Current placement of child(ren): relative - Wanda BellDoes child(ren) have funds: Yes _____ No ☒ (Call Bookkeeping, if necessary, at 534-1002 ext. 351)

If yes, Account Balance: \$ _____

Statement of what is being requested (why, what, when, and where): Yokoman was removed and placed at Bridge Shelter. He only stayed there for 10 days and went on extended visit with relative who will ultimately have PMC. Yokoman isIf approved, make check payable to: Wanda BellMail check to: [REDACTED]Caseworker's Signature/Date: Trecia DeBaun 1-8-95

APPROVALS:

Supervisor's Signature/Date: [Signature] 1-8-95

Program Director's Signature/Date: _____

Lead P.D.'s Signature/Date: _____

DO NOT WRITE BELOW THIS LINE/FOR ADMINISTRATIVE USES ONLY

County General Fund
#001-____-53101Jury Fund
#T57-____-53101Title IV-E Fund
#W31-____-53105

*Kash for Kids

Other, Specify _____

Approvals: Administrative Assistant/Date: _____
(Approving designation of funds)

*Community Coordinator

Date

or

*Kash for Kids President

Date

*Requires at least one signature from either of these positions

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DEPARTMENT OF PROTECT

is still on extended visit with no orders due to needing to serve parents. Relative needs assistance with obtaining clothes and bedroom furniture for Yokoman. He never received any clothing allowance due to being in Lic. facility less than 14 days. Aunt is going to have PMC once service is taken care. She is single with 4 children of her own and needs the assistance to set the household up for Yokoman.

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DEPARTMENT OF PROTECTIVE
AND REGULATORY SERVICES

2**GARCIA****LANETTE**Texas Department
of Protective and Regulatory Services
CANRIS REPORT—Turnaround Document**U650 031-98-C-07 1293**

1. CANRIS Incident No.

F222814**RUN DATE
05/12/95**

2. Ongoing BJN/Provider No.

3.

SECTION I—WORKER INFORMATION

4. Investigative Worker Name (Last) GARCIA	(First) LANETTE	5. Emp. No. U650	6. B.N. 031-98-C-07	7. Mail Code 1293
--	---------------------------	----------------------------	-------------------------------	-----------------------------

SECTION II—INCIDENT REPORT

8. Date Occurred to Child 04-24-95	9. Date Reported to DPRS 04-24-95	10. Date Invest. Completed 05-08-95	11. Source OSA	12. PRIORITY A. At Intake 1 B. Actual 1
13.A. DISPOSITION		B. RISK ASSESSMENT		14. ANNUAL FAMILY INCOME
1-Reason to Believe		NO RISK INDICATED 6		1-\$0 to \$3,999
2-Unable to Determine		6-Risk Indicated		2-\$9,000 to \$17,999
3-Ruled Out		1-No Significant Factors XXXXXXXXXXXXXX		3-\$18,000 to \$32,999
4-Family Moved		2-Factors Controlled XXXXXXXXXXXXXX		4-\$34,000 to \$62,999
		5-Risk Assessment Not Applicable		5-\$63,000 or more

Data Submitted

EMERGENCY ASSIST.

1-Yes
2-No**SECTION III—INDIVIDUAL INFORMATION**

15. Line 01	16. Name (Last) HEARN	(First) SUSAN	(MI) D	17. Date of Birth 11 06 78	18. Mar. St. WI	19. Sex F	20. Eth. B	21. Rel'ship MO	22. Role AP	23. SSMS QC
24. Street Address IN JAIL				25. City FORT WORTH	26. St. TX	27. ZIP 76102	28. Co. 220	29. Characteristics NO		
30. DHS Client No. 511381814		31. Social Security No. [REDACTED]		32. Type of Abuse/Neglect NSUP		33. Fatal NA	34. Leg. Act. NCF	35. Prev. Inc. No. NA	36. Line NA	

15. Line 02	16. Name (Last) HEARN	(First) YOKAMON	(MI) [REDACTED]	17. Date of Birth 11 06 78	18. Mar. St. NA	19. Sex M	20. Eth. B	21. Rel'ship OV	22. Role VC	23. SSMS QC
24. Street Address [REDACTED]				25. City [REDACTED]	26. St. [REDACTED]	27. ZIP [REDACTED]	28. Co. 220	29. Characteristics NO		
30. DHS Client No. 511381815		31. Social Security No. [REDACTED]		32. Type of Abuse/Neglect NSUP		33. Fatal NF	34. Leg. Act. PRS	35. Prev. Inc. No. NA	36. Line NA	

15. Line	16. Name (Last)	(First)	(MI)	17. Date of Birth	18. Mar. St.	19. Sex	20. Eth.	21. Rel'ship	22. Role	23. SSMS
24. Street Address				25. City	26. St.	27. ZIP	28. Co.	29. Characteristics		
30. DHS Client No.		31. Social Security No.		32. Type of Abuse/Neglect		33. Fatal	34. Leg. Act.	35. Prev. Inc. No.	36. Line	

15. Line	16. Name (Last)	(First)	(MI)	17. Date of Birth	18. Mar. St.	19. Sex	20. Eth.	21. Rel'ship	22. Role	23. SSMS
24. Street Address				25. City	26. St.	27. ZIP	28. Co.	29. Characteristics		
30. DHS Client No.		31. Social Security No.		32. Type of Abuse/Neglect		33. Fatal	34. Leg. Act.	35. Prev. Inc. No.	36. Line	

15. Line	16. Name (Last)	(First)	(MI)	17. Date of Birth	18. Mar. St.	19. Sex	20. Eth.	21. Rel'ship	22. Role	23. SSMS
24. Street Address				25. City	26. St.	27. ZIP	28. Co.	29. Characteristics		
30. DHS Client No.		31. Social Security No.		32. Type of Abuse/Neglect		33. Fatal	34. Leg. Act.	35. Prev. Inc. No.	36. Line	

.DATE 25 APR 95 08:14:40 CHIPSS - PRINT PONTUTI , JUDITH - 1293
 TEXAS DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES
 INTAKE WORKER TIME OF INTAKE CHILD PROTECTIVE SERVICES
 BLODGETT , DALE 2238 CANRIS REPORT

INVESTIGATION WORKER EMP NO BJN MAIL CD ONGOING BJN/PROV. NO.
 CRUZ , JENNIFER 4964 03198F01 1293

DATE DATE DATE INV SOURCE PRIORITY
 OCCURRED REPORTED COMPLETED REPORT INTAKE / ACTUAL
 042495 042495 OSA 01 0 /

DISPOSITION RISK ASSESSMENT ANNUAL FAMILY INCOME *****
 - KTB - 5.000 * J674551 *

EMERGENCY ASSISTANCE
 Yes

WORKER SIGNATURE:

Janette Garcia

 LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 01 HEARN SUSAN 34 [REDACTED] W F B MO P OC
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 IN JAIL FORT WORTH TX 76102 220 NO
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 600900564 [REDACTED] NSUP NA NCF NA
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 8173361781 PRESBYTERIAN NIGHT SHELTER Unknown

 LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 02 HEARN YOKAMON 16 [REDACTED] C M B OV V OC
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 [REDACTED] [REDACTED] 220 NO
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 600900567 NSUP NA PRS NA
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 8178774663 THE BRIDGE

..... END REPORT

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 AND REGULATORY SERVICES

.DATE 25 APR 95 08:14:21 CHIPSS - PRINT PONTUTI , JUDITH - 1293

TEXAS DEPARTMENT OF HUMAN SERVICES
CHILD PROTECTIVE SERVICES
INTAKE REPORT

INTAKE WORKER: BLODGETT , DALE BJB: 03112C08
INVESTIGATIVE WORKER: CRUZ , JENNIFER BJB: 03198F01

CASE: HEARN , SUSAN NUMBER: J674551
IN JAIL
FORT WORTH , TX 76102 COUNTY: 220

PRIMARY ALLEGATION: NEGLECTFUL SUPERVISI DATE OF INTAKE: 042495
PRIORITY: 01 TIME OF INTAKE: 2238
DATE OF INCIDENT: 042495 REFERENCE NUMBER:

LN	NAME	AG	DOB	M	S	E	RE	R	AN-1	AN-2	AN-3	AN-4
01	SUSAN HEARN	34	[REDACTED]	W	F	B	MO	P				
02	YOKAMON HEARN	16	[REDACTED]	C	M	B	OV	V				

***** CHILD WENT TO BRIDGE BECAUSE MO IN JAIL- WILL NEED TO BE *****
PLACED IF MOTHER DOESN'T BOND OUT.

FAXED NARRATIVE STATES: MO AND OV WERE RESIDING IN THE PRESBYTERIAN NIGHT SHELTER. MO WAS KICKED OUT OF THE PROGRAM THIS EVENING AND ARRESTED. MO CAME IN INTOXICATED AND UNDER THE INFLUENCE OF CRACK. SHE GOT INTO AN ALTERCATION WITH ANOTHER RESIDENT. MO WAS ESCORTED OUT AND ARRESTED. REPORTER DOESN'T KNOW WHAT OFFENSE MOTHER WAS CHARGED WITH NOR HOW LONG SHE WILL BE IN JAIL. (OR WHERE SHE WILL GO WHEN SHE GETS OUT) OV IS CURRENTLY AT THE SHELTER AND NEEDS TO BE PLACED. AN AUNT, KENDRA ROSS WAS CONTACTED BUT IS AT WORK AND DOES NOT GET OFF UNTIL 12 AM. THERE IS NO INDICATION THAT AU IS ABLE OR WILLING TO PICK UP OV. ATTEMPTS WERE MADE TO CONTACT ANOTHER AUNT, PEARLY MIKE IN FORT WORTH. MS MIKE DOES NOT HAVE A PHONE. A MANAGEMENT NUMBER WAS LISTED BUT THERE WAS NO ANSWER. OV STATES HE DOES NOT KNOW ANYONE ELSE TO CONTACT. PRIOR TO MOVING IN THE SHELTER, MO AND OV WERE LIVING WITH AN AUNT. MO WAS ARRESTED IN 11987 (CHARGES UNKNOWN.)

MD/NR ACT CANS-NR TERM-ACTIVE FS

NORMA WOLF, UNIT 12, CONTACTED BEN STEWART AT THE PRES SHELTER AND ARRANGED THAT HE WOULD TRANSPORT THE BOY TO THE BRIDGE. SHE SPOKE WITH ROBERT SIBLEY AT THE BRIDGE SHELTER WHO AGREED TO TAKE HIM.

Penette Garcia
4/25/95
[Signature]

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AND PUBLIC SAFETY

J674551

LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 01 HEARN SUSAN 34 [REDACTED] W F B MO P
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 IN JAIL FORT WORTH TX 76102 220
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 600900564
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 8173361781 PRESBYTERIAN NIGHT SHELTER

LIN NAM-LAST FIRST MI AGE DOB MAR SEX ETH RELA ROL SSMS
 02 HEARN YOKAMON 16 [REDACTED] C M B OV V
 STREET ADDRESS CITY ST ZIP COU CHARACTERISTICS
 [REDACTED] [REDACTED] 220
 DHS CL NBR SSN TYPES ABUSE/NEGLECT FTL LGL PREV INC LIN
 600900567
 HOME PHONE W/S PHONE WORK/SCHOOL ADDRESS
 8178774663 THE BRIDGE

LIN NAME SOURCE OF REPORT
 01 RON STEWART OTHER SOCIAL AGENCY
 2400 CYPRESS, FW 76102 918/336-1781 REVEREND BEN STEWART
 AGREED TO TAKE THE BOY TO THE BRIDGE

LIN NAME INTEREST IN CASE
 02 FWPD LAW

LIN NAME INTEREST IN CASE
 03 KENDRA ROSS RELATIVE

AUNT [REDACTED] 214/374-1301

LIN NAME INTEREST IN CASE
 04 PEARLY MIKE RELATIVE

AU LIVES IN THE [REDACTED] MANAGER'S OFFICE NUMBER IS 817/531-3971

LIN NAME INTEREST IN CASE
 05 PRESBYTERIAN SHELTER STAFF OTHER SOCIAL AGENCY

CHRIS NORTON 817/336-1781, DAVID HART, WILLIE CURL

LIN NAME INTEREST IN CASE
 06 ROBERT SIBLEY CHILD CARE FACILITY
 BRIDGE SHELTER 877-4663 SAID THE BOY COULD STAY THERE TONIGHT

..... END REPORT

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TEXAS DEPARTMENT OF HUMAN SERVICES
CHILD PROTECTIVE SERVICES
NOTIFICATION TO LAW ENFORCEMENT AGENCY OF CHILD ABUSE/NEGLECT REPORT

SECTION 34.02 OF THE TEXAS FAMILY CODE REQUIRES THE TEXAS DEPARTMENT OF HUMAN SERVICES TO NOTIFY THE APPROPRIATE LAW ENFORCEMENT AGENCY OF ALL REPORTS OF CHILD ABUSE/NEGLECT RECEIVED BY THE DEPARTMENT OTHER THAN REPORTS RECEIVED FROM SUCH AGENCIES. THE PURPOSE OF THIS LETTER IS TO CONFIRM NOTIFICATION TO YOU OF A REPORT OF CHILD ABUSE/NEGLECT RECEIVED BY DHS.

TO: FWPD

DATE: APRIL 26, 1995

DHS PERSON: GARCIA

, LANETTE

ADDRESS:

TELEPHONE: 817 735-9381

REGARDING:

NAME: HEARN

, SUSAN

COMMENTS:

ROLE IN CASE: ALLEGED PERPETRATOR

METHOD OF NOTIFICATION TO LAW
ENFORCEMENT AGENCY

ORAL REPORT MADE TO
OF YOUR AGENCY ON

COPY OF REPORT ATTACHED.

THIS LETTER SERVES AS INITIAL
NOTIFICATION OF THE REPORT AND A COPY
OF THE REPORT IS ATTACHED.

ACTION TAKEN BY
TEXAS DEPARTMENT OF HUMAN SERVICES

THE CASE INVESTIGATION IS
PLANNED IN PROGRESS

~~HAS BEEN COMPLETED~~
WITH A DISPOSITION OF:

~~ADJUDICATED~~

~~REASON TO BELIEVE~~

~~UNFOUNDED~~

~~FAMILY MOVED (UNABLE TO LOCATE)~~

FOR ADJUDICATED AND REASON TO BELIEVE,
ONGOING CHILD PROTECTIVE SERVICES
WILL WILL NOT BE PROVIDED.

ACTION REQUESTED OF LAW ENFORCEMENT AGENCY

PLEASE NOTIFY THE ABOVE DESIGNATED DHS CONTACT PERSON OF ANY ACTION PLANNED OR TAKEN IN THIS CASE SO THAT WE MAY BETTER COORDINATE THE RESPECTIVE INVESTIGATION AND SERVICES PROVIDED. IF YOU DETERMINE THAT THIS CASE SHOULD BE REPORTED TO ANOTHER LAW ENFORCEMENT AGENCY, PLEASE FORWARD THIS INFORMATION TO THE APPROPRIATE AGENCY.

..... END REPORT

DO NOT RECALL WITHOUT
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DEPARTMENT OF CHILD PROTECTIVE
AND FAMILY SERVICES

Texas Department of
Protective and Regulatory Services

INVESTIGATION ACTIONS AND CONTACTS

Form 2602-A
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Case Name HEARN, SUSAN	Assigned Worker LANETTE GARCIA	Date Assigned 04/25/1995
----------------------------------	--	------------------------------------

DOCUMENTATION OF ACTIONS

Examine and interview each alleged victim and child at risk.....

Interview each child in the household who may have information.....

Notice to parents of interview or exam of the child.....

Explain each allegation to the parents and all alleged perpetrators.....

Interview each parent and alleged perpetrator.....

Give a copy of *A Parent's Guide* to the parents and all alleged perpetrators.....

Make a home visit.....

DONE	NOT DONE	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Explain each action not done. Also, if a videotape was made, indicate where it is stored.

PARENTS WERE NOT NOTIFIED OF INVESTIGATION, INTERVIEWED OR GIVEN A PARENTS GUIDE BECAUSE THEIR WHEREABOUTS ARE UNKNOWN. A HOME VISIT WAS NOT MADE BECAUSE MS. HEARN WAS RESIDING AT A SHELTER WHEN SHE ABANDONED HER SON YOKAMON. MS. HEARN WAS NOTIFIED AND INTERVIEWED ON 4/26/95

RECORD OF CONTACTS -

Make an entry for each significant contact made during the investigation. Begin each entry with a header line containing the following information: **Date of Contact - Type of Contact - Primary Persons Contacted - Relationship to Case - Purpose of Contact.** Under the header line, record factual information about the contact.

Date Investigation Initiated
04/25/95

Date of Contact	Type of Contact	Primary Persons Contacted	Locating Info Phone/Address	Relationship to Case	Summary of Purpose and/or Outcome of Contact
04/25/95	T.C.	KENDRA ROSS / WANDA BELL	214-374-1301	MAU/ MAU	INVESTIGATION
THE AUNTS SAID THEY COULD NOT COME AND GET OR TAKE CARE OF YOKAMON.					
04/25/95	T.C.	ANTHONY, APT	531-3971	APT.	LEAVE MESSAGE
APARTMENT MANAGER LEFT MESSAGE FOR PEARLY MIKE, MAU TO CONTACT CPS.					
04/25/95	H.V.	ATTEMPTED CONTACT		MAU	NO ANSWER
04/25/95	T.C.	PEARLY MIKE		MAU	CAN NOT TAKE CHILD
04/25/95	T.C.	FYPD		LAW	MOTHER RELEASED
04/25/95	H.V.	YOKAMON		OV	INTERVIEW
04/25/95	H.V.	UNKNOWN MALE		MO'S PP	COLLATERAL
04/25/95	H.V.	NO CONTACT MADE			VACANT

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INVESTIGATION ACTIONS AND CONTACTS

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Summary Recording Format (Closed Investigation)

Case Name
HEARN, SUSAN

ALLEGATIONS/DISPOSITION (REFER TO CPS INTAKE REPORT):

THE ALLEGATIONS CONSISTED OF THE NEGLECTFUL SUPERVISION OF YOKAMON HEARN AGE SIXTEEN BY HIS MOTHER SUSAN HEARN, DUE TO HER ARREST. MS. HEARN DID NOT ATTEMPT TO LOCATE OR CONTACT HER SON UPON HER RELEASE FROM JAIL. DUE TO THE ABANDONMENT OF YOKAMON HE WAS PLACED IN THE BRIDGE SHELTER BY CPS. ON 4/25/95 CPS WAS GRANTED TEMPORARY MANAGING CONSERVATORSHIP OF YOKAMON HEARN BY THE COURT.

INTERVIEW AND EXAMINATION OF EACH VICTIM AND OR OTHER CHILDREN AT RISK AND THEIR RESPONSE TO ALL ALLEGATIONS/OTHER PERTINENT INFORMATION (OBSERVATIONS MADE, DESCRIPTION OF INJURY OR HARM, NON-VERBAL COMMUNICATION):

4/25/95 VISIT WITH YOKAMON AT THE BRIDGE SHELTER.

YOKAMON STATED THAT HIS MOTHER WAS HIGH AND DRUNK LAST NIGHT WHEN SHE RETURNED TO THE SHELTER. SHE GOT INTO AN ARGUMENT WITH ANOTHER RESIDENT. SHE WAS ARRESTED AND TAKEN TO JAIL. YOKAMON WOULD LIKE TO STAY WITH HIS AUNT, WANDA BELL, HE ALSO GAVE PEARLY MIKE AS A PERSON HE COULD STAY WITH. I EXPLAINED TO HIM THAT AT THIS TIME IT IS NOT POSSIBLE FOR HIM TO STAY WITH THEM. HE WAS UNABLE TO NAME ANY OTHER FAMILY MEMBERS OR FRIENDS. HE STATED THAT HIS PATERNAL GRANDMOTHER DOES NOT LIKE HIM AND HAS NEVER HAD ANY CONTACT WITH HIM. HIS FATHER IS DEAD AND HE DOES NOT EVEN KNOW HIS NAME. HE GAVE [REDACTED] AS HIS PREVIOUS ADDRESS. HE IS CURRENTLY ENROLLED IN POLYTECHNIC HIGH SCHOOL. HE STATED THAT HE DOES NOT KNOW ANY OF HIS MOTHER'S FRIENDS. HIS MOTHER MAY HAVE GONE TO HER BOYFRIEND'S HOUSE AT THE CORNER OF KNOX AND NOLAN, HE DOES NOT KNOW THE BOYFRIENDS NAME. YOKAMON APPEARED CLEAN AND WELL GROOMED. HE WAS VERY FRIENDLY AND POLITE. HE HAS BEEN IN TROUBLE WITH THE POLICE TWICE FOR STEALING. HE HAS NEVER GONE TO JUVENILE AND NO CHARGES HAVE BEEN BROUGHT AGAINST HIM. YOKAMON WAS BORN IN DALLAS. HIS MATERNAL GRANDMOTHER IS DECEASED.

OBSERVATIONS OF HOME ENVIRONMENT: CONDITIONS THAT INVOLVE RISK TO THE CHILD (IF HOME VISIT MADE):

NO HOME VISIT WAS MADE BECAUSE OV AND MO WERE RESIDING IN A SHELTER AT THE TIME OF THE REMOVAL.

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INVESTIGATION ACTIONS AND CONTACTS

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HEARN, SUSAN

INTERVIEW WITH EACH PARENT AND/OR PERPETRATOR AND THEIR RESPONSE TO ALL ALLEGATIONS (OBSERVATIONS, NON-VERBAL COMMUNICATION):

4/25/95 MS. HEARN WAS NOT NOTIFIED OF THE REMOVAL OR INVESTIGATION BECAUSE HER WHEREABOUTS ARE UNKNOWN.

4/26/95 O.V. WITH MS. HEARN - *office visit*

MS. HEARN STATED THAT SHE HAD GONE TO THE HOSPITAL AFTER BEING RELEASED FROM JAIL BECAUSE SHE WAS PREGNANT AND BLEEDING. MS. HEARN IS NO LONGER PREGNANT. SHE CALLED THE SHELTER AND SPOKE WITH A.J., MARY, AND WILLIE CURL, THEY WERE UNABLE TO TELL HER WHERE YOKAMON WAS. SHE FINALLY SPOKE WITH ROBERT JACKSON AT THE SHELTER AND WAS INFORMED CPS HAD TAKEN HIM. SHE IMMEDIATELY CONTACTED ME AT MY OFFICE. MS. HEARN ADMITTED THAT SHE HAS A ALCOHOL AND DRUG PROBLEM. SHE SMOKED CRACK ON 4/24/95. SHE SAID SHE WAS WILLING TO GO INTO DRUG REHAB OR DO ANYTHING THAT SHE COULD TO GET HER SON BACK. MS. HEARN IS PLANNING TO MARRY ROBERT JACKSON WHO SHE MET AT THE SHELTER. SHE PLANS TO HAVE AN APARTMENT BY 5/3/95. MS. HEARN IS NOT ABLE TO TAKE YOKAMON TO THE UNION GOSPEL MISSION WHERE SHE IS CURRENTLY STAYING DUE TO HIS AGE. THE MISSION SEPERATES MEN AND WOMEN AND HE IS NOT EIGHTEEN. MS. HEARN ASKED THAT I TELL YOKAMON THAT SHE HAD TRIED TO FIND HIM AND SHE WANTS TO SEE HIM. SHE UNDERSTANDS THAT HE MIGHT BE ANGRY AND DOES NOT WANT TO FORCE HIM TO SEE HER. ON 4/27/95 MS. HEARN WAS INFORMED THAT SHE WOULD BE ABLE TO HAVE DAY VISITS WITH YOKAMON ON SATURDAY AND SUNDAY. SHE IS NOT ALLOWED TO TAKE HIM OVERNIGHT BECAUSE SHE IS UNABLE TO PROVIDE SHELTER FOR HIM.

INFORMATION ABOUT ABSENT PARENT (NAME, WHEREABOUTS, LEVEL OF INVOLVEMENT WITH CHILD):

UNKNOWN FATHER IS DECEASED

COLLATERAL INFORMATION OBTAINED TO CONFIRM OR RULE OUT ABUSE/NEGLECT AND ADDRESS RISK OR ABUSE/NEGLECT AND SAFETY:

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MS. WANDA BELL STATED THAT HER SISTER HAS A LONG HISTORY OF DRUG AND ALCOHOL ABUSE. THE FAMILY HAS TRIED TO HELP HER NUMEROUS TIMES. SHE HAS NEVER BEEN A PARENT TO YOKAMON. THE MATERNAL GRANDMOTHER IS DECEASED AND THE PATERNAL GRANDMOTHER HAS NEVER MET YOKAMON AND DOES NOT LIKE HIM. MS. BELL IS UNABLE TO TAKE YOKAMON BECAUSE SHE HAS FOUR CHILDREN AT HOME AND SHE DOES NOT WANT TO DEAL WITH HER SISTER ANYMORE. SHE DID STATE THAT IF SHE COULD GET LEGAL CUSTODY OF YOKAMON SHE WOULD TAKE HIM. MS. BELL DOES NOT KNOW WHERE SUSAN IS OR WHERE SHE MIGHT GO. ON 4/27/95 MS. BELL STATED THAT SHE WAS STILL INTERESTED IN TAKING YOKAMON IF SHE COULD GET LEGAL CUSTODY OF HIM. I SET UP AN APPOINTMENT FOR A HOME STUDY TO BE DONE ON 5/3/95. MS. BELL INFORMED ME THAT MS. HEARN HAS A SERIOUS DRUG PROBLEM AND SHE NEEDS EXTENSIVE TREATMENT.

MS. PEARLY MIKE, MAU, STATED THAT SHE CANNOT TAKE YOKAMON BECAUSE SHE CAN'T HANDLE HIS MOTHER'S DRUG USE AND BEHAVIOR. SHE HAS TRIED TO HELP SUSAN ON MANY OCCASIONS AND HAS HELPED TO RAISE YOKAMON BUT SHE CANNOT DEAL WITH SUSAN ANYMORE. MS. MIKE HAS NO IDEA WHERE MS. HEARN IS OR WHERE SHE WOULD GO.

MS. KENDRA ROSS, MAU, STATED THAT SHE WOULD NOT TAKE YOKAMON AND DID NOT WANT TO TALK ABOUT THE SITUATION.

MS. HEARN'S PARAMOUR AN UNKNOWN WHITE MALE LIVING AT [REDACTED] STATED THAT YOKAMON HAD STOLEN HIS CAR AND WRECKED IT AND THAT SUSAN HEARN IS A "CRACK WHORE". HE DID NOT KNOW WHERE SUSAN MIGHT BE AND WAS UNAWARE THAT SHE HAD BEEN RELEASED FROM JAIL. HE WAS EXTREMELY DRUNK AND SEEMED ANGRY WITH SUSAN AND YOKAMON HEARN.

T.C. WITH PRESBYTERIAN SHELTER STAFF, MARY HARRIS, A.J. AND WILLIE CURL. THEY VERIFIED THAT MS. HEARN HAD CALLED ON 4/25/ AND 4/26/ LOOKING FOR YOKAMON. SHE WAS FINALLY INFORMED OF CPS INVOLVEMENT BY ROBERT JACKSON ON 4/26/95.

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INVESTIGATION ACTIONS AND CONTACTS

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Case Name
HEARN, SUSAN

DOCUMENTATION SUPPORTING RISK ASSESSMENT (INCLUDE SOURCE OF INFORMATION, I.E., COLLATERALS, CASE RECORDS, FAMILY MEMBERS):

PAST ABUSE/NEGLECT:

THERE IS NOT A RECORD OF ANY PAST ABUSE OR NEGLECT.

CHILD FACTORS:

YOKAMON IS AN ARTICULATE SIXTEEN YEAR OLD. HE HAS BEEN IN SOME TROUBLE WITH THE LAW. HE DOES NOT APPEAR TO REQUIRE ANY SPECIAL NEEDS.

PARENT FACTORS:

MS. HEARN IS ADDICTED TO CRACK AND ALCOHOL. SHE ABANDONED HER CHILD. DUE TO HER ARREST AND HOSPITALIZATION. SHE IS VIOLENT WHEN INTOXICATED.

OTHER PERTINENT INFORMATION:

INFORMATION GIVEN TO FAMILY AND REFERRALS MADE:

I NOTIFIED THE FAMILY OF THE COURT TIME AND THE REMOVAL. I ASKED THE FAMILY TO LET MS. HEARN KNOW OF THE REMOVAL AND LEFT A NUMBER FOR HER TO CONTACT ME AT. I NOTIFIED MS. BELL OF THE FOURTEEN DAY HEARING AND ASKED HER IF SHE WOULD BE INTERESTED IN ATTAINING CUSTODY OF YOKAMON. I ARRANGED FOR A HOME STUDY WITH HER. MS. HEARN WAS NOTIFIED OF THE REMOVAL AND GIVEN WRITTEN NOTICE OF FINDINGS AND REMOVAL. SHE WAS INFORMED THAT SHE COULD VISIT WITH YOKAMON ON SATURDAY AND SUNDAY BUT COULD NOT TAKE HIM HOME BECAUSE SHE CANNOT PROVIDE ADEQUATE SHELTER.

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Case Name
HEARN, SUSAN

COURT AND PLACEMENT ACTIVITIES:

TEMPORARY MANAGING CONSERVATORSHIP OF YOKAMON WAS GRANTED TO CPS ON 4/25/95.

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ADDENDUM

MAY 2, 1995 RUBY LINCOLN, THE PATERNAL GRANDMOTHER CALLED AND STATED THAT SHE WOULD LIKE TO CARE FOR YOKAMON AT HER HOUSE. ON 5/4/95 I SPOKE WITH YOKAMON AND ASKED HIM HOW HE FELT ABOUT STAYING WITH HIS GRANDMOTHER, RUBY LINCOLN IN DALLAS. HE REPLIED THAT HE WANTED TO GO AND STAY WITH HER. HE THEN WANTED TO KNOW WHEN SHE WOULD BE PICKING HIM UP. HE SEEMED VERY HAPPY ABOUT GOING TO HER HOUSE AND ANXIOUS TO LEAVE THE SHELTER. A HOME STUDY WAS COMPLETED ON MAY 3, 1995 AND A RECOMMENDATION FOR YOKAMON TO BE PLACED WITH THE GRANDMOTHER WAS PRESENTED TO THE COURT ON MAY 4, 1995. THE JUDGE GRANTED MS. LINCOLN EXTENDED VISITATION RIGHTS WITH YOKAMON. A NEW COURT DATE WILL BE SET AND WE WILL TRY TO LOCATE MS. HEARN. MS. HEARN CALLED ON 5/8/95, LEFT A MESSAGE, ASKING THE WORKER TO CALL HER BUT SHE DID NOT LEAVE ANY INFORMATION ON WHERE TO CONTACT HER. ON 5/6/95 RUBY LINCOLN PICKED YOKAMON UP FROM THE BRIDGE SHELTER AND TOOK HIM TO HER HOUSE IN DALLAS.

5/10/95 MS. LINCOLN CALLED TO INFORM ME THAT YOKAMON WAS OUT OF CONTROL, AND WANTS TO LIVE WITH HIS AUNT WANDA BELL. SHE WANTED TO KNOW IF HE COULD GO AND STAY WITH WANDA BELL FOR A FEW DAYS. I EXPLAINED THAT SHE COULD ALLOW HIM TO STAY WITH WANDA BUT SHE WOULD STILL BE RESPONSIBLE FOR YOKAMON. I ALSO INFORMED MS. LINCOLN THAT HER CASE WAS ASSIGNED TO AN ONGOING CASE WORKER, TRECIA DEBAUN.

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[illegible]

Case Name Hearn, SusanForm 2603
Page 2

CURRENT RISK: Parents and Caretakers—in the blanks on the right, enter the names of all parents and caretakers. Then respond to each item below by checking YES, NO, or UNK (unknown).

	Name <u>Susan</u>			Name			Name			Name		
	YES	NO	UNK	YES	NO	UNK	YES	NO	UNK	YES	NO	UNK
Was this person abused or neglected as a child?			X									
Has this person recently experienced significant stress?			X									
Is this person unable to cope with stress?			X									
Does this person exhibit a significant lack of parenting skills?			X									
Does this person have unrealistic expectations of any child?			X									
Is this person socially isolated?			X									
Does this person refuse to cooperate with essential aspects of the investigation or case plan?			X									
Does this person refuse to disclose important information?			X									
Has this person ever been a perpetrator of spouse or partner abuse?			X									
Has this person ever been a victim of spouse or partner abuse?			X									
Does this person have a history of drug or alcohol abuse?	X											

CASES WITH NO INDICATIONS OF ABUSE OR NEGLECT AND NO SIGNIFICANT INDICATIONS OF RISK—Answer each question below:

1. Nature and Extent of the Abuse or Neglect: Did you enter a rating of 1 or higher for any type of abuse or neglect? ☐ Yes ☒ No
2. Past Abuse, Neglect, and Risk: Did you check YES or UNK for any question? ☐ Yes ☒ No
3. Current Risk: Did you find any significant indications of risk? ☐ Yes ☒ No

If the answers to all three questions are NO, you may close the case by completing the section, *Risk Assessment Finding, Conclusion, and Case Action*, on page 4. If the answer to ANY of the three questions is YES, complete the rest of this form.

CURRENT RISK (continued)

Has this person ever been convicted of a criminal offense?			X									
Does this person have a significant history of depression?			X									
If so, has this person ever attempted suicide?			X									
Has this person recently divorced or separated from his or her spouse or partner?			X									
Are this person's social relationships primarily negative?			X									
Are this person's relationships with extended family members unsupportive or conflictive?	X											
Does this person take the apparent abuse or neglect less seriously than CPS does?			X									
Is this person unaware of, or does he or she deny, the factors placing the child(ren) at risk?			X									
Is this person unmotivated or unrealistic about change?			X									
Other (specify):												

Does the alleged perpetrator currently have access to any child in the family? ☐ Yes ☒ No ☐ Unknown

Case Name

Hearn, Susan

Form 2603
Page 3

INDIVIDUAL AND FAMILY STRENGTHS AND RESOURCES:

Ms Hearn was residing at the Presbyterian Shelter with her sixteen year old son. She has family in close proximity but none of the family is willing to help her anymore. She has abandoned her son and her whereabouts are unknown.

ANALYSIS

1. Discuss the significant risk factors and how they affect the safety of the child(ren). Be sure to include the nature and extent of the abuse or neglect.
2. Assess the family's ability to use its strengths and resources to manage the risk factors.

Ms Hearn has a history of drug and alcohol abuse. She is using Crack. She was arrested for Public Intoxication and failed to contact her son upon her release. She has not been located at the present time. Yokamori appears to be friendly and well adjusted to the shelter. He does not like his mother and he wants to live with his Aunt. His Aunt will not take him because of his mother's drug use and violent behavior. The family is tired of taking care of Ms Hearn's child. Yokamori has been in

Case Name HearnForm 2603
Page 4

ANALYSIS (continued)

*trouble with the police twice
for Stealing.*

RISK-ASSESSMENT FINDING, CONCLUSION, AND CASE ACTION—Check only one of the three possible findings, then check the appropriate case action and other related boxes, as applicable.

NO RISK INDICATED: Based on the finding checked below, CPS concludes that, for the foreseeable future, there is not a reasonable likelihood of child abuse or neglect as defined in the Texas Family Code, §34.012.

- ☐ 1. Finding—No Significant Factors. The disposition of the investigation is ruled out; there is no abuse or neglect; and no significant risk factors were identified.

Case Action: ☐ CLOSE CASE.

- ☐ 2. Finding—Risk Controlled. Significant risk factors were identified; but family strengths and available resources are sufficient to provide for the child(ren)'s safety for the foreseeable future.

Case Action: ☐ CLOSE CASE.

Was a safety plan completed during the investigation? ☒ Yes ☐ No

RISK INDICATED: Based on the finding checked below, CPS concludes that, in the foreseeable future, there is a reasonable likelihood of child abuse or neglect as defined in the Texas Family Code, §34.012.

- ☒ 3. Finding—Risk Present. Risk factors were identified, and there are NOT sufficient family strengths and available resources to provide for the child(ren)'s safety for the foreseeable future.

Case Action:

☐ Family Preservation ☒ Is a safety plan needed to control risk in the home? ☐ No ☐ Yes*

*If yes, complete Form 2604-A&B.

☒ Removal ☒ Complete Form 2604-A.

☐ CLOSE CASE (check one): ☐ Family moved after the investigation.

☐ Family refused services, and intervention is not legally possible.

Note: If risk is indicated and the case is being closed, document the efforts made to locate the family, or to involve the family in services or legally intervene.

Reminder: If a contracted service was provided during the investigation, document the need for it in the case narrative or on Form 2604-B.

Comments:

Date the results of the investigation and assessment were explained to:

Parents/Alleged Perpetrators whereabouts unknown 4-25-95
 Victims 4-25-95
 Reporter 4-25-95
 Absent/Unresponsive 4-25-95
 Signature—Caseworker Lanette Hearn 4-26-95
 Signature—Supervisor [Signature] 4-25-95

Texas Dept. of Protective
and Regulatory Services**CHILD SAFETY EVALUATION AND PLAN**
Evaluation of Immediate and Short-Term Child SafetyForm 2604-A
September 1992

Family Name

*Heaton, Susan***THE SOURCES OF CONCERN**—Check each box that represents a clear threat to the immediate or short-term safety of the child(ren).

- ☐ A parent's or a child's psychological, emotional, or behavioral problems.
- ☒ A parent's or a child's substance abuse.
- ☐ A parent's or a child's impaired physical condition.
- ☐ A parent's perception that a child is a burden, or a parent's experience of life and parenting as an overwhelming stress.
- ☒ A parent's lack of social support.
- ☒ A parent's lack of parenting skills.
- ☒ A lack of money, or a parent's inability to manage money well enough to meet the child(ren)'s basic needs.
- ☐ A crisis which results in disorganization and emotional upheaval.
- ☐ Other

AVAILABLE RESPONSES—For each condition identified above, consider the resources available in the family and the community that might help to keep the child safe and prevent CPS removal. Check each response needed to protect the child.

- ☐ Use family resources, neighbors, or other individuals in the community as safety resources.
- ☐ Use community agencies or services as safety resources.
- ☐ Petition the court to order the parents to participate in the plan for immediate and short-term safety.
- ☐ Have the maltreating parent leave the home, either voluntarily or in response to legal action.
- ☐ Have the nonmaltreating parent move to a safe environment with the child.
- ☐ Have the parent(s) place the child outside the home.

Are these actions sufficient, and can they be done soon enough, to protect the child(ren)? ☐ Yes ☐ NoIs the family willing and able to participate in these actions at a level sufficient to protect the child(ren)? ☐ Yes ☐ No

Comments: *Removal was conducted on an emergency basis. OV was abandoned*
& no services could be offered before emergency situation

If the answer to both of the above questions is YES, skip to the next page. If either answer is NO, check one of the following responses and explain in the Conclusion section on the next page.

- ☒ Take legal action to place the child(ren) outside the home.
- ☐ Legal action is not possible or appropriate at this time. (Indicate case action in the Conclusion section on the next page.)

If CPS is initiating legal action and placing the child, describe your discussion with the parent(s) and their expectations of the placement.

placement will be discussed with
Parents when one or both is located
Both parents whereabouts are
unknown at the present time.

Texas Dept. of Protective
and Regulatory Services**CHILD SAFETY EVALUATION AND PLAN**
Evaluation of Immediate and Short-Term Child SafetyForm 2604-A
September 1992

Family Name

Hearn, Susan

THE SOURCES OF CONCERN—Check each box that represents a clear threat to the immediate or short-term safety of the child(ren).

- ☐ A parent's or a child's psychological, emotional, or behavioral problems.
- ☒ A parent's or a child's substance abuse.
- ☐ A parent's or a child's impaired physical condition.
- ☐ A parent's perception that a child is a burden, or a parent's experience of life and parenting as an overwhelming stress.
- ☒ A parent's lack of social support.
- ☒ A parent's lack of parenting skills.
- ☒ A lack of money, or a parent's inability to manage money well enough to meet the child(ren)'s basic needs.
- ☐ A crisis which results in disorganization and emotional upheaval.
- ☐ Other

AVAILABLE RESPONSES—For each condition identified above, consider the resources available in the family and the community that might help to keep the child safe and prevent CPS removal. Check each response needed to protect the child.

- ☐ Use family resources, neighbors, or other individuals in the community as safety resources.
- ☐ Use community agencies or services as safety resources.
- ☐ Petition the court to order the parents to participate in the plan for immediate and short-term safety.
- ☐ Have the maltreating parent leave the home, either voluntarily or in response to legal action.
- ☐ Have the nonmaltreating parent move to a safe environment with the child.
- ☐ Have the parent(s) place the child outside the home.

Are these actions sufficient, and can they be done soon enough, to protect the child(ren)? ☐ Yes ☐ NoIs the family willing and able to participate in these actions at a level sufficient to protect the child(ren)? ☐ Yes ☐ No

Comments: Removal was conducted on an emergency basis. DV was abandoned and no services could be offered before emergency situation.

If the answer to both of the above questions is YES, skip to the next page. If either answer is NO, check one of the following responses and explain in the Conclusion section on the next page.

- ☐ Take legal action to place the child(ren) outside the home.
- ☐ Legal action is not possible or appropriate at this time. (Indicate case action in the Conclusion section on the next page.)

If CPS is initiating legal action and placing the child, describe your discussion with the parent(s) and their expectations of the placement.

Ms Hearn stated that she was unable to provide for Yokamen. She admitted to a drug and alcohol problem. She stated she wants Yokamen to be happy and safe. Ms Hearn would like to work towards Yokamen's

Texas Dept. of Protective
and Regulatory Services**CHILD SAFETY EVALUATION AND PLAN**
Plan for Immediate and Short-Term Child SafetyForm 2604-B
November 1993

Family Name

TASKS AND SERVICES—List all tasks and services needed to provide for the child's immediate and short-term safety.

Family Task <i>Placement precluded Services</i>	CPS/Other Service
Beginning and Ending Dates (and/or Frequency)	Beginning and Ending Dates (and/or Frequency)
Method of Evaluation	

Family Task	CPS/Other Service
Beginning and Ending Dates (and/or Frequency)	Beginning and Ending Dates (and/or Frequency)
Method of Evaluation	

CONCLUSION—Identify plans for further services. When appropriate, describe the possible consequences if the family does not carry out this plan successfully. If the case is to be closed, explain why.

.....

.....

.....

SIGNATURES—By signing this form, the parents are agreeing to perform the tasks specified in this plan, and applying for Title IV-A emergency assistance to help cover the cost of CPS's services. *Note:* To function as an application for Title IV-A emergency assistance, this form must be signed by at least one parent or relative of the child.

The parents may request a review of this plan at any time. They may also request an administrative review or a fair hearing if CPS denies, reduces, or terminates any protective services or emergency assistance that they have requested, or does not act promptly on their request for services.

Signature-Parent	Date
Signature-Parent	Date

DEPARTMENT OF PROTECTIVE SERVICES
STATE OF TEXAS
CHILD SAFETY EVALUATION AND PLAN

[Signature] 4-21-95
Signature-Worker Date

[Signature] 4-21-95
Signature-Supervisor Date

NOTICE OF FINDINGS
CHILD PROTECTIVE SERVICES INVESTIGATION
AVISO DE SERVICIOS PROTECTORIOS DE NIÑOS (CPS)
SOBRE LAS CONCLUSIONES DE SU INVESTIGACION

Case Name

Hearn, Susan

TO/A: Susan Hearn

The Texas Department of Human Services has found that there is reason to believe that you are responsible for the

El Departamento de Servicios Humanos de Texas (DHS) encontró que hay razón para creer que usted es responsable de

neglected supervision of William Hearn child(ren).
 (See definition on back of this letter/Vea la definición al otro lado de esta hoja.) niños.

This decision was made in an investigation which began

Esta decisión es el resultado de una investigación que comenzó

4-24-95

AS A RESULT OF THE INFORMATION GATHERED DURING THE INVESTIGATION:

DEBIDO A LA INFORMACION REUNIDA DURANTE LA INVESTIGACION:

☐ We plan to take no further action about you unless we receive another report.

No pensamos tomar ninguna acción adicional con respecto a usted a menos que se reciba otro reporte.

☒ We plan to offer services to the family to remedy the problems resulting in the abuse/neglect that was found in the investigation. I or

Pensamos ofrecer servicios a la familia para resolver los problemas que resultaron en el maltrato/descuido que se descubrió durante la investigación.

will contact the family by

o yo nos comunicaremos con la familia para

Caseworker
30 days

to begin planning for these services.

para comenzar a planear estos servicios.

You have the right to request an administrative review of the investigation findings.

Tiene derecho a pedir una revisión administrativa de las conclusiones de la investigación.

Prior to requesting the review, you must discuss your concerns with the caseworker and supervisor. You may obtain from DHS a form letter to request the review. You must request the review in writing and within 15 calendar days after you receive this notice. The review will be postponed if court proceedings relating to the investigation are pending.

Antes de pedir la revisión, tiene que discutir sus desacuerdos con el trabajador y su supervisor. Puede obtener de DHS una forma para pedir la revisión. Tiene que pedir la revisión por escrito y dentro de los 15 días de la fecha que reciba este aviso. La revisión será postergada si quedan pendientes procedimientos judiciales relacionados con la investigación.

Other rights are explained on the back of this letter.

Otros derechos se explican al otro lado de esta hoja.

You may contact me during regular work hours if you want to discuss this letter. Thank you for your cooperation during the investigation.

Si quiere hablar de este aviso, puede comunicarse conmigo durante las horas regulares de trabajo. Le agradecemos su colaboración durante la investigación.

Office Address and Telephone No./Oficina y Teléfono

Name of Investigating Caseworker Nombre del Trabajador Investigador	Date/Fecha
<u>Wendy A. Cile</u>	<u>4-26-95</u>

HOME STUDY OF WANDA BELL
5166 BURNSIDE ST. DALLAS, TEXAS 75241 214-374-1301

I. IDENTIFYING DATA:

Wanda Mae Bell
D.O.B. [REDACTED]
SS# [REDACTED]

II. PURPOSE AND MOTIVATION:

The purpose of this Home Study is to determine whether or not Ms. Bell is an appropriate placement for her nephew, Yokamon Hearn, who was removed from the Presbyterian Night Shelter on April 24, 1995 due to his mother's arrest resulting in the Neglectful Supervision of Yokamon. Yokamon is currently in the care of his paternal grandmother. With the approval of this home study, the child may be moved into a permanent placement with his maternal aunt, which the Department believes is in the best interest of the child.

III. BACKGROUND INFORMATION:

Ms. Bell is a 5'4, 250 pound black women with black hair and brown eyes and a medium complexion.

Ms. Bell was born on [REDACTED] in Dallas, Texas. Both of her parents are deceased. Ms. Bell is 38 years old and her health is good. She has never suffered from a serious illness and is not on any medication. Ms. Bell is currently separated from her husband Marshall Bell. Ms. Bell received her G.E.D. in 1978 and has completed a job training program in Dallas. She received an accounting certification in 1994. In the past Ms. Bell has Been Employed by Haggar Apparel and Lincoln Funeral Services. Ms. Bell is an active member at her church Precept Missionary Baptists Church.

Ms. Bell has three sisters, Pearly Mike, Diane Susan Hearn and Oweta McCreary. Ms. Mike resides in Fort Worth. Ms. Bell and her exchange letters and visit once or twice a year. Ms. McCreary resides in Dallas and has a close relationship with Ms. Bell and Yokamon.

Ms. Bell describes her relationship with her parents as a typical 60's family. She was raised by both of her parents. she was spanked as a child but she was never abused or neglected. she was extremely close to her mother and took care of her before her death. Ms. Bell had a happy childhood and a very good relationship with her parents.

Ms. Bell has three children, two boys and one girl. La min Bell was born [REDACTED] she attends tenth grade at Macio High School. She enjoys school choir, volleyball and fashion. Assyrian Bell was born [REDACTED] He attends sixth grade at R.L. Thorton. He likes to play basketball and clean the house. Darius Bell was born on [REDACTED] He also attends sixth grade at R.L. Thorton. His interest include basketball and nintendo.

IV. FINANCIAL INFORMATION:

Ms. Bell is not currently employed. She receives \$ 226.00 a month in AFDC allotment. Her house is paid for and she also receives a food stamp allowance of \$380.00. Her expenses are minimal, utilities and car maintenance. She feels confident that she can provide for Yokamon.

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AND CORRECTIONS

V. HOME AND NEIGHBORHOOD:

Ms. Bell lives in a three bedroom house in South Oakcliff in Dallas, Texas. Yokamon will share a bedroom with one of her sons. The house is well kept and furnished adequately.

VI. OTHERS IN THE HOME:

Ms. Bell and her three children are the only people residing in the home.

VII. FAMILY INTEREST AND COMMUNITY INVOLVEMENT:

Ms. Bell is an active member in her church. Her children are involved in school activities, such as sports and choir. Ms. Bell is involved in her children's education.

VIII. EXPECTATIONS OF PLACEMENT:

Ms. Bell is aware this placement is permanent. She wants Yokamon to complete his education. She also wants to provide a safe and stable home environment for Yokamon. She and Yokamon have always had a close relationship and she feels capable of raising and caring for him.

It was explained to Ms. Bell that the Department expects her to provide basic food, clothing, shelter, love, security, and other basic necessities for Yokamon. Ms. Bell is certain that she has the ability to provide for and deal with Yokamon.

IX. ATTITUDE TOWARD CHILD'S PARENTS:

Ms. Bell expresses no negative hostility toward Yokamon's mother. Ms. Bell feels very strongly that Yokamon has the right to visit and talk to his mother. Ms. Bell would like for Ms. Hearn to receive help for her drug and alcohol addiction and then resume her parental responsibilities.

X. CHILDREN'S SPECIAL NEEDS:

Yokamon does not appear to have any special needs.

XI. ATTITUDE TOWARD AGENCY:

Ms. Bell has been very cooperative with the Department. She was not negative or hostile toward the agency. She is grateful that the Department is considering her for a placement for Yokamon.

XI: REFERENCES:

Andrew Lane

214-224-7341

Mr. Lane has known Ms. Bell for eleven years. He is Ms. Bell's pastor at church. He describes Ms. Bell as a very helpful and happy person. He feels confident in Ms. Bell's capabilities to raise Yokamon. He stated that Ms. Bell has helped raise Yokamon since his birth and that he is already a part of the family. He feels that Ms. Bell would be an excellent selection for a placement.

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AND FAMILY SERVICES

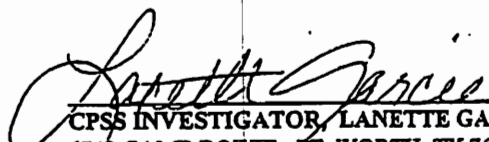
Lula Mae Daniels

214-225-1411

Ms. Lane is Ms. Bell's cousin. They have had a very relationship all of their lives. Ms. Lane stated that Ms. Bell had basically raised Yokamon from birth. She feels that Ms. Bell will take wonderful care of him and give him the love he needs. Ms. Lane helps Ms. Bell with her family close and is intending to help with Yokamon also. She stated that Yokamon is a good child, he just needs a good environment and Ms. Bell can provide that for him.

XIII. EVALUATION AND RECOMMENDATIONS:

Based on the information obtained and after visiting with Ms. Bell, I believe that Ms. Bell is willing and capable to provide a safe, secure and healthy environment for Yokamon


CPSS INVESTIGATOR, LANETTE GARCIA
6743 CAMP BOWIE, FT. WORTH, TX 76116 735-9381, EXT2062.

6/22/95
DATE


UNIT 98 SUPERVISOR, JENNIFER CRUZ

6-22-95
DATE

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AND REGISTRY SERVICES

Texas Department of
Protective and Regulatory Services**FAMILY SERVICE PLAN**
Cover Sheet I: Substitute CareForm 2622-A1
September 1994
Page 1**BASE PLAN - PART ONE**

Case Name Susan Hearn		
IDENTIFYING INFORMATION		
Name(s) of Parents Susan Hearn	Date of Participation 05/25/95	Date Plan Completed 06/02/95
Child(ren)'s Name(s) Yokaman Hearn	Month/Year of Next Review 12/95	

PURPOSE OF THIS PLAN

To the Parent: This is a very important document. Its purpose is to help you provide your child with a safe environment within the reasonable period specified in the plan. If you are unwilling or unable to provide your child with a safe environment, your parental and custodial duties and rights may be restricted or terminated or your child may not be returned to you. There will be a court hearing at which a judge will review this service plan.

LONG-RANGE GOAL FOR PERMANENCY

<input type="checkbox"/> Return to Parents	<input checked="" type="checkbox"/> Place with Relatives	<input type="checkbox"/> Adoption	<input type="checkbox"/> Alternative Long-Term Care	<input type="checkbox"/> Adult Living	Target Date for Achieving Permanency ➔
--	--	-----------------------------------	---	---------------------------------------	---

If any of the children have different permanency plans, explain:

EVALUATION OF PROGRESS - CPS will evaluate your progress with you on the basis of

- your successful achievement of the goals stated in this plan;
- your successful completion of the tasks in this plan; and
- your ability to provide for the ongoing safety and well-being of your child(ren).

Information for this evaluation may come from any of the following sources:

- you and members of your family;
- CPS staff who have worked with you;
- the initial report or future reports of child abuse or neglect; and
- other agencies, individuals, and community professionals.

Parents' Comments:Contact Person- For information
about your children, please contactName of Contact Person
Trecia DeBaunTelephone
735-9381 ext. 2055

Signature - Parent	Date	Signature - Worker	Date
		<i>Trecia DeBaun</i>	6-6-95
Signature - Parent	Date	Signature - Supervisor	Date
		<i>Jennifer Cury</i>	6-6-95

If the parents did not participate in developing this plan, explain:

Date CPS gave or mailed a copy of this plan to the parents: mailed to Ms Hearn on 9-18-95 after learning her whereabouts on a 9-6-95 phone conversation.

YOUR RIGHT TO REQUEST A REVIEW - You may request a review of this plan at any time. You may also request an administrative review or a fair hearing if CPS denies, reduces, or terminates protective services that you have requested, or does not act promptly on your request for protective services.

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Texas Department of
Protective and Regulatory Services

FAMILY SERVICE PLAN
Family Problems, Strengths, and Changes Needed

Form 2622-B
September 1994
Page 2

BASE PLAN - PART ONE

Family Name Susan Hearn	Date Completed 06/02/95
----------------------------	----------------------------

LIST THE REASONS FOR CPS INVOLVEMENT:

Ms. Hearn has been unable to provide for her son for the past 15 months due to alleged drug and alcohol addiction.

LIST THE UNDERLYING PROBLEMS CONTRIBUTING TO THE RISK OF ABUSE OR NEGLECT:

Ms. Hearn has left her son with relatives and friends to provide for him. Ms. Hearn then returns for her son, disrupting his placement causing conflict within extended family.

LIST THE FAMILY STRENGTHS AND RESOURCES:

Ms. Hearn raised her son for 13 years in a somewhat stable environment. Ms. Hearn also has an extended history of maintaining employment and home.

SERVICE-PLAN GOALS: CHANGES NEEDED TO REDUCE RISK - What specific behavior(s) and condition(s) will demonstrate that the problems contributing to risk have been satisfactorily addressed and that the risk has been reduced?

Ms. Hearn will need to participate in an alcohol and drug screening, follow through and complete recommended treatment.

Ms. Hearn will need to locate and maintain a stable living environment sufficient to meet Yokaman's and her needs. Ms. Hearn will need to seek, obtain and maintain employment with sufficient income to provide for herself and Yokaman.

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AND REGULATORY SERVICES

Texas Department of
Protective and Regulatory Services

FAMILY SERVICE PLAN
Tasks and Services for the Family

Form 2622-C
September 1994
Page 3

BASE PLAN - PART ONE

Family Name Susan Hearn		Date Completed 6/2/95
Family Task (Note: Asterisk tasks that are court-ordered.) Ms. Hearn will participate in an alcohol and drug screening. She will also participate and complete any recommended treatment.		CPS/Other Service (Note: Asterisk services that are court-ordered.) Assist with necessary referrals to rehabilitative facilities.
Beginning and Ending Dates (and/or Frequency) 06/95 to 12/95		Beginning and Ending Dates (and/or Frequency) 06/95 to 12/95
Method of Evaluation Monthly reports from facility and certification of completion.		
Family Task (Note: Asterisk tasks that are court-ordered.) Ms. Hearn will locate and maintain a stable living environment sufficient to meet Yokamon's and her needs.		CPS/Other Service (Note: Asterisk services that are court-ordered.) Assist with referral to housing or other agencies upon request.
Beginning and Ending Dates (and/or Frequency) 06/95 to 12/95		Beginning and Ending Dates (and/or Frequency) 06/95 to 12/95
Method of Evaluation Home visits		

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AND REGULATORY SERVICES

Texas Department of
Protective and Regulatory Services

FAMILY SERVICE PLAN
Tasks and Services for the Family

Form 2622-C
September 1994
Page 4

ASE PLAN - PART ONE

Family Name Susan Hearn		Date Completed 6/2/95
Family Task (Note: Asterisk tasks that are court-ordered.) Ms. Hearn will seek, obtain, and Maintain employment with sufficient income to provide for Yokaman and herself.		CPS/Other Service (Note: Asterisk services that are court-ordered.) None
Beginning and Ending Dates (and/or Frequency) 06/95 to 12/95		Beginning and Ending Dates (and/or Frequency) 06/95 to 12/95
Method of Evaluation Income stubbs		
Family Task (Note: Asterisk tasks that are court-ordered.)		CPS/Other Service (Note: Asterisk services that are court-ordered.)
Beginning and Ending Dates (and/or Frequency) to		Beginning and Ending Dates (and/or Frequency) to
Method of Evaluation		
Family Task (Note: Asterisk tasks that are court-ordered.)		CPS/Other Service (Note: Asterisk services that are court-ordered.)
Beginning and Ending Dates (and/or Frequency) to		Beginning and Ending Dates (and/or Frequency) to
Method of Evaluation		

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Texas Department of
Protective and Regulatory ServicesFamily Service Plan
PARENT-CHILD CONTACT AND FINANCIAL SUPPORTForm 2623
September 1994

CASE PLAN - PART ONE

Name(s) of Parent(s) Susan Hearn	
Name(s) of child(ren) Yokaman Hearn	

While your children are away from home, you are expected to have contact with them according to the plan outlined below.

VISITS

Frequency Upon request by parent	Day and Time
Location	

TELEPHONE CALLS

Parent to Child <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→ Day and Time As requested through relatives	Child to Parent <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	→ Day and Time
--	--	--	----------------

LETTERS

Parent to Child <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→ Through Caseworker <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Child to Parent <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	→ Through Caseworker <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	---

Stipulations (Specify all court-ordered stipulations and any additional CPS restrictions, including supervision requirements.)

FINANCIAL SUPPORT

While your children are away from home, you must provide the financial support specified below (check and complete all that apply):

<input type="checkbox"/> Child Support:	_____ per _____	Court-Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allowance:	_____ per _____	Court-Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medical Insurance	_____	Court-Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Clothing (specify):	_____	Court-Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (specify):	_____	Court-Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature - Parent

Date

Signature - Worker

Date

Signature - Parent

Date

The pamphlet, "While Your Child is in Care," outlines other rights and responsibilities of parents whose children are in foster care.

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EXHIBIT 11



Texas Department of Criminal Justice

Brad Livingston
Executive Director

March 10, 2005

Naomi E. Terr
Attorney at Law
P.O. Box 421398
Houston, Tx 77242

RE: Massingill, Tony Lee

TDCJ# 243999 & #284635

Ms. Terr:

Our review indicates there are approximately 18 pages of documents within your central file.

The billing rate for documents is .10 cents for each page. If you require certified documents, the rate is \$2.20 per page. There are additional expenses relating to a personnel charge of \$15.00 per hour, an overhead charge which is 20% of the personnel charge, and the expense relating to registered mail delivery of the documents requested, which is dependent on the weight. Please note the personnel charge and overhead charge are applicable when the documents are more than 50 pages.

Current review indicates the estimated cost of providing the documents you have requested is \$1.80 for uncertified documents, personnel charges, plus \$.63 for postage. Please forward a check/money order in the amount of \$2.43 for uncertified documents to the office of Classification and Records, Attn: Thomas Warren, P.O. Box 99, Huntsville, Texas 77342-0099.

Sincerely,

A handwritten signature in cursive script that reads "Thomas Warren".

THOMAS WARREN
Open Records Coordinator
(936) 437-8696
(936) 437-6227 FAX

TW/sc
cc: file

62/401

JUDGMENT AND SENTENCE - PLEA ~~OF~~ GUILTY OR NOLO CONTENDERE - JURY WAIVED - NON-CAPITALMINUTES OF THE Criminal DISTRICT COURT No. 3 OF DALLAS COUNTY, TEXAS

THE STATE OF TEXAS

No. C74-6616-ILJJulyTerm, A.D. 1974September 30A.D. 1974

VS.

TONY LEE MASSINGILL

JUDGMENT

The defendant having been indicted in the above entitled and numbered cause for the felony offense of rape of a child younger than 17 years, a Second-Degree Felony, as charged in the indictment and this cause being this day called for trial, the State appeared by her assistant Criminal District Attorney, Gary Noble and the Defendant Tony Lee Massingill

appeared in person and his counsel, W.E. Walton also being present and both parties announced ready for trial, and the Defendant in person and in writing in open Court having waived his right of trial by jury, such waiver being with the consent and approval of the Court and now entered of record on the minutes of the Court and such waiver being with the consent and approval of the Criminal District Attorney of Dallas County, Texas, in writing, signed by him, and filed in the papers of this cause before the Defendant

entered his plea herein, the defendant was duly arraigned and in open Court pleaded guilty to the charge contained in the indictment; thereupon the defendant was admonished by the Court of the consequences of the said plea and the defendant persisted in entering said plea, and it plainly appearing to the Court that the defendant is mentally competent and that he is uninfluenced in making said plea by any consideration of fear, or by any persuasion, or delusive hope of pardon prompting him to confess his guilt, the said plea was accepted by the Court and is now entered of record as the plea herein of the Defendant. The defendant in open Court, in writing, having waived the reading of the indictment, the appearance, confrontation, and cross-examination of witnesses, and agreed that the evidence may be stipulated and consented to the introduction of testimony by affidavits, written statements of witnesses and any other documentary evidence, and such waiver and consent having been approved by the Court in writing and filed in the papers of the cause; and, the Court having heard the Defendant's waiver of the reading of the indictment, the defendant's plea thereto, the evidence submitted, and the argument of counsel, is of the opinion from the evidence submitted that the defendant is guilty as charged.

IT IS THEREFORE CONSIDERED AND ADJUDGED BY THE COURT, that the said Defendant is guilty of the felony offense of Rape of a Child younger than 17 years, a Second-Degree Felony, as charged in the indictment

and that the said Defendant committed said offense on the 21st day of June, 1974, and that he be punished by confinement in the Texas Department of Corrections for 5 years, and that the State of Texas do have and recover of the said defendant all costs in this prosecution expended, for which execution will issue; and that said defendant be remanded to the Sheriff of Dallas County, Texas, to await the further order of the Court herein.

SENTENCE

THE STATE OF TEXAS

VS.

No. _____

19____

THIS DAY this cause being again called, the State appeared by her Criminal District Attorney, and the Defendant,

appeared in open Court in person, his counsel _____ also being present, for the purpose of having sentence of the law pronounced in accordance with the judgment herein rendered and entered against him at a former time, and thereupon the said Defendant was asked by the Court whether he had anything to say why said sentence should not be pronounced against him, and he answered nothing in bar thereof, and it appearing to the Court that the Defendant is mentally competent and understanding of the English language, the Court proceeded, in the presence of said Defendant, to pronounce sentence against him, as follows:

IT IS THE ORDER OF THE COURT, that the said Defendant, who has been adjudged to be guilty of _____

and whose punishment has been assessed by the Court at confinement in the Texas Department of Corrections for _____

be delivered by the Sheriff of Dallas County, Texas, immediately to the Director of the Texas Department of Corrections or other person legally authorized to receive such convicts, and said Defendant shall be confined in said Texas Department of Corrections for _____

in accordance with the provisions of the law governing the Texas Department of Corrections, and the said Defendant is remanded to jail until said Sheriff can obey the direction of this sentence.

It is further ADJUDGED and DECREED by this Court that the sentence pronounced herein shall begin this date, and that the Defendant is granted credit for time served beginning on date of _____

MINUTES OF THE Criminal DISTRICT COURT No. 3 OF DALLAS COUNTY, TEXAS
 THE STATE OF TEXAS No. _____ Term, A.D. 19_____
 VS. _____ A.D. 19_____

JUDGMENT

The defendant having been indicted in the above entitled and numbered cause for the felony offense of _____
 _____ and this cause being this day called for trial, the State
 appeared by her assistant Criminal District Attorney _____ and the Defendant _____

appeared in person and his counsel _____ also being present and both parties announced ready for trial, and the Defendant in person and in writing in open Court having waived his right of trial by jury, such waiver being with the consent and approval of the Court and now entered of record on the minutes of the Court and such waiver being with the consent and approval of the Criminal District Attorney of Dallas County, Texas, in writing, signed by him, and filed in the papers of this cause before the Defendant

entered his plea herein, the defendant was duly arraigned and in open Court pleaded _____ to the charge contained in the indictment; thereupon the defendant was admonished by the Court of the consequences of the said plea and the defendant persisted in entering said plea, and it plainly appearing to the Court that the defendant is mentally competent and that he is uninfluenced in making said plea by any consideration of fear, or by any persuasion, or delusive hope of pardon prompting him to confess his guilt, the said plea was accepted by the Court and is now entered of record as the plea herein of the Defendant. The defendant in open Court, in writing, having waived the reading of the indictment, the appearance, confrontation, and cross-examination of witnesses, and agreed that the evidence may be stipulated and consented to the introduction of testimony by affidavits, written statements of witnesses and any other documentary evidence, and such waiver and consent having been approved by the Court in writing and filed in the papers of the cause; and, the Court having heard the Defendant's waiver of the reading of the indictment, the defendant's plea thereto, the evidence submitted, and the argument of counsel, is of the opinion from the evidence submitted that the defendant is guilty as charged.

IT IS THEREFORE CONSIDERED AND ADJUDGED BY THE COURT, that the said Defendant is guilty of the felony offense of _____
 and that the said Defendant committed said offense on the _____ day of _____, 19_____, and that he be punished by confinement in the Texas Department of Corrections for _____, and that the State of Texas do have and recover of the said defendant all costs in this prosecution expended, for which execution will issue; and that said defendant be remanded to the Sheriff of Dallas County, Texas, to await the further order of the Court herein.

SENTENCE

THE STATE OF TEXAS
 VS.

TONY LEE MASSINGILL No. 074-6616-11J October 30 19 74

THIS DAY this cause being again called, the State appeared by her Criminal District Attorney, and the Defendant, Tony Lee Massingill appeared in open Court in person, his counsel W.E. Walton also being present, for the purpose of having sentence of the law pronounced in accordance with the judgment herein rendered and entered against him at a former time, and thereupon the said Defendant was asked by the Court whether he had anything to say why said sentence should not be pronounced against him, and he answered nothing in bar thereof, and it appearing to the Court that the Defendant is mentally competent and understanding of the English language, the Court proceeded, in the presence of said Defendant, to pronounce sentence against him, as follows:

IT IS THE ORDER OF THE COURT, that the said Defendant, who has been adjudged to be guilty of _____
rape of a child younger than 17 years-a 2nd degree felony as charged in the indictment

and whose punishment has been assessed by the Court at confinement in the Texas Department of Corrections for 5 years, be delivered by the Sheriff of Dallas County, Texas, immediately to the Director of the Texas Department of Corrections or other person legally authorized to receive such convicts, and said Defendant shall be confined in said Texas Department of Corrections for not less than 2 years nor more than 5 years and until \$25.00 Court costs are paid in accordance with the provisions of the law governing the Texas Department of Corrections, and the said Defendant is remanded to jail until said Sheriff can obey the direction of this sentence.

It is further ADJUDGED and DECREED by this Court that the sentence pronounced herein shall begin this date, and that the Defendant is granted credit for time served beginning on date of October 30, 1974

CLERK'S CERTIFICATE

THE STATE OF TEXAS

COUNTY OF DALLAS

I, BILL SHAW, Clerk of the Criminal

District Court No. 3 of Dallas County, Texas, do hereby certify
that the above and foregoing is a true and correct copy of _____

Judgment and Sentence

in Cause No. C74-6616-ILJ, entitled THE STATE OF TEXAS VS.

Tony Lee Massinwill

as the same appears on record in my office in Vol. 62/63

page 401/122 Minutes of the Criminal

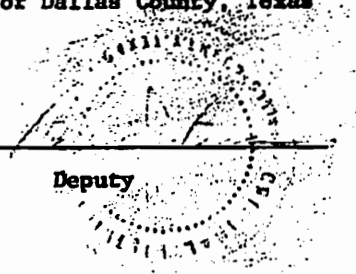
District Court No. 3 of Dallas County, Texas.

GIVEN UNDER MY HAND AND SEAL of said Court, at office in Dallas,
Texas, this 11 day of November, A.D. 19 74.

BILL SHAW
Clerk of the Criminal District
Courts of Dallas County, Texas

By _____

Deputy



TEXAS DEPARTMENT OF CORRECTIONS

RELEASE NOTICE AND RECEIPT

WARDEN:

HUNTSVILLE, TEXAS

Insert date released and return to the Record Office.

NAME MASSINGILL, Tony Lee NO. 243999

DISCHARGE DATE WITH COMMUTATION TIME _____

CONDITIONAL PARDON TO _____

PAROLE Dallas Co.

_____ REPRIEVE TO _____

DATE RELEASED 11-17-76

H.H.H. WARDEN

RO-4

By RC

Texas Department of Corrections

Ferguson UNIT

OFFENSE REPORT

6-2-75

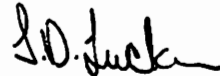
Name MASSINGILL, TonyDate
Number 243999Assignment LaundryCell or Wing 10-37BOfficer Making Report T.D. TuckerTitle COIICharge: #48 3.11.H FAILURE TO OBEY ORDERS

Offense in Detail:

At approximately 11:00 am this date 6-1-75, officer Spivey observed inmate MASSINGILL, Tony #243999 holding the cell doors.

I am placing this inmate before the unit Disciplinary Committee.

Inmate MASSINGILL admits the above statement is correct. He is capable of representing himself and did not request any witnesses.



T.D. Tucker

Signature of Officer Making Report

Statement of Inmate to Committee:



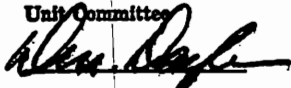
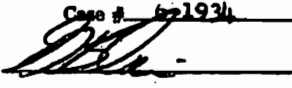
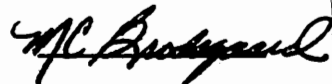
Tony Massingill #243999

Signature of Inmate

* Guilt

Attitude of Inmate: fair

Unit Committee

Case # 621934




W.H. Doyle

E.D. Blair

M.C. Brodsgaard

Committee Decision: Guilt (YES) NO

Punishment Assessed:

Cancel SAT 3, reassign to hoe squad


T.D.C. Disciplinary Report to be Filed: yes

The above information is true and correct to the best of my knowledge.

Original to Unit File

Duplicate to Record Office — Huntsville

1-47B



Texas Department of Corrections
Ferguson UNIT

OFFENSE REPORT

SM

Date 9-10-76
Name MASSINGILL, Tony Number 243999
Assignment Laundry Cell or Wing 10-51B
Officer Making Report P. Starns Title COIT
Charge #48 3.11.H LAZINESS; FAILURE TO WORK
#48 3.11.H FAILURE TO OBEY ORDERS

Offense in Detail: Approximately 5:00 pm this date 9-8-76, I noticed inmate clothing mixed together from the North and South Showers. After investigation I found that inmate MASSINGILL, Tony #243999 had mixed the clothes together. The reason for this is because if the clothing is mixed, it confuses the inmates who work in the showers, and delays the pressers.

I am placing this inmate before the Unit Disciplinary Committee.

Inmate MASSINGILL admits the above statement is correct. He is capable of representing himself and did not request any witnesses.

C.E. Sowell
For P. Starns
Signature of Officer Making Report

Statement of Inmate to Committee:

Tony Massingill 243999
Tony Massingill #243999
Signature of Inmate

X *guilty*
Attitude of Inmate: fair

Unit Committee

Case # 9-8930

R.W. Andrews
R. W. Andrews

V.H. Doyle
V. H. Doyle

M.C. Brodsgaard
M. C. BRODSGAARD

Committee Decision: Guilty (YES) (NO)

Punishment Assessed: 7 days cell lockup

T.D.C. Disciplinary Report to be Filed: no

The above information is true and correct to the best of my knowledge.

Original to Unit File
Duplicate to Record Office — Huntsville
I-478

W.S. Monroe
Signature of Warden or Assistant Warden

Texas Department of Corrections

Ranguson UNIT

OFFENSE REPORT

Name MASINGILL, Tony Date 6-30-75
 Number 243999
 Assignment 12 Hoe Cell or Wing 11-46
 Officer Making Report J.R. Randall Title Field Major

Charge: §46 3.11. H LAZINESS: FAILURE TO WORK

Offense in Detail:

At approximately 3:00 pm this date 6-30-75, while officer Fraley was working with 12 Hoe he noticed inmate MASINGILL, Tony 243999 not doing his work properly. He counseled with this inmate several times but to no avail.

I am placing this inmate before the Unit Disciplinary Committee.

Inmate MASINGILL admits the above statement is correct. He is capable of representing himself and did not request any witnesses.

J.R. Randall
 J.R. Randall
 Signature of Officer Making Report

Statement of Inmate to Committee:

243999

Tony Masingill
 Tony Masingill 243999
 Signature of Inmate

Attitude of Inmate?

Fair

Unit Committee

Case # 7-2382*W.N. Adams**W.N. Adams**H.I. Manning*

P.D. Hedges

Committee Decision: Guilty

W.N. Adams

(YES) *NO*

H.I. Manning

Punishment Assessed:

15 days cell lock up

T.D.C. Disciplinary Report to be Filed: No

The above information is true and correct to the best of my knowledge.

Original to Unit File
 Duplicate to Record Office — Huntsville
 1-67B

B.M.
 Signature of Warden or Assistant Warden

Texas Department of Corrections

Prisoner _____ UNIT _____

OFFENSE REPORT

7-13-75

Date

Name MASSINGILL, TonyNumber 243999Assignment 12 HogCell or Wing 1146Officer Making Report J.R. RandallTitle PLAID MajorCharge: #16 3.11 H LAZINESS; FAILURE TO WORK.

Offense in Detail: At approximately 3:00 p.m. this date 7-23-75, while officer Williams was working with 12 pigs he noticed inmate MASSINGILL, Tony 243999 not doing his work properly. He counseled with this inmate several times but to no avail.

I am placing this inmate before the Unit Disciplinary Committee.

Inmate MASSINGILL admits the above statement is correct. He is capable of representing himself and did not request any witnesses.

Statement of Inmate to Committee:

Signature of Officer Making Report

Attitude of Inmate:

False

Unit Committee

Case # 7-2710Mr. AdamsMr. G. SpinningMr. Adams

Committee Decision:

GUILTY

YES 243999

K.D. Martin

Punishment Assessed:

7 days cell lock up

AUG 6 1975

T.D.C. Disciplinary Report to be filed: NO

The above information is true and correct to the best of my knowledge.

Original to Unit File

Duplicate to Record Office - Huntsville

1-47B

Signature of Warden or Assistant Warden

BOB McWILLIAMS

Texas Department of Corrections

UNIT

OFFENSE REPORT

1-23-75

Name HASSIGILL, Tony Lee Number 243999 Date 11-00
 Assignment #13 hoe squad Cell or Wing 11-00
 Officer Making Report J. H. Adams Title Field Lieutenant

Charge: FIGHTING WITHOUT WEAPON (29)3.11D

Offense in Detail:

At approximately 4:00pm. this date 1-23-75, while Officer Cliphant was working #13 hoe squad he observed inmate HASSIGILL, Tony Lee #243999 fighting with inmate SMITH, Jim #243661. Officer Cliphant immediately had these inmates separated and sent them back to work without any further mishap. Inmate HASSIGILL, Tony #243999 is placed by me before the Unit Disciplinary Committee.
 Inmate HASSIGILL, Tony is capable of representing himself and admits that the above statement is correct. He did not request any witnesses.

J. H. Adams
 Adams, Field Lieutenant

Signature of Officer Making Report

Statement of Inmate to Committee:

Hassigill, Tony #243999
 HASSIGILL, Tony #243999

Signature of Inmate

G. 114
 Attitude of Inmate: fair

Unit Committee

Case # 1-257

J. H. Randall

B. D. Hodges

E. L. Manning

Committee Decision: Guilty (YES) (NO)

Punishment Assessed: 15 days cell lock up.

T.D.C. Disciplinary Report to be Filed: yes

The above information is true and correct to the best of my knowledge.

Original to Unit File
 Duplicate to Record Office — Huntsville
 1-47B

Signature of Warden or Assistant Warden

TEXAS DEPARTMENT OF CORRECTIONS DISCIPLINARY REPORT

Name MASSINGILL, Tony Number 243999 Unit For, usonCHARGE AGAINST INMATE: Art 3.11.1 FAILURE TO OBEY ORDERSDETAILED STATEMENT OF OFFENSE (including date): at approximately 11:00 am this date 6-1-75, officer Spivey observed inmate MASSINGILL, Tony #243999 holding the cell doors.

I am placing this inmate before the unit disciplinary committee. Inmate MASSINGILL admits the above statement is correct. He is capable of representing himself and did not request any witnesses.

T.D. Tucker
T.D. Tucker coll 6-2-75
Signature of Employee reporting Date

Unit Committee W.H. Doyle Previous Disciplinary Reports UDC:1 SD: 0
W.H. Doyle W.D. Blair M.C. Brodsgard
Committee Decision: Guilty (YES) XXXXXX

PUNISHMENT ASSESSED: Cancel Sat 3, reassign to hoe squad.

RECOMMENDED FORFEITURE OF COMMUTATION TIME (OR OVERTIME):

Bobby D. Morgan 6-3-75
Signature of Witness Date

DISCIPLINARY COMMITTEE'S RECOMMENDATION:

Forfeiture of commutation time (or overtime): Cancel SAT III; reassign to hoe squad

52677
10-18-77

H. H. Husbands
Chairman's Signature Date 6-13-75

DIRECTOR'S ORDER:

The above-named inmate shall forfeit the following commutation time (or overtime):

D. V. M. K. 6-16-75
Director, Texas Department of Corrections Date

INMATE CONDUCT RESUME

NAME: Hessingill, Tony Lee CAUSE # _____R/S g/m DOB: [REDACTED] BOOK-IN # 692375 CAUSE # _____DSO# 249803 DPS# _____ FBI# _____ PRIOR TDC# _____☒ I CERTIFY THE ABOVE CAPTIONED SUBJECT HAS COMMITTED NO SERIOUS ACTS OF MISCONDUCT WHILE IN MY CUSTODY.☐ I CERTIFY THE ABOVE CAPTIONED SUBJECT COMMITTED THE FOLLOWING SERIOUS ACTS OF MISCONDUCT WHILE IN MY CUSTODY.

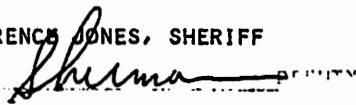
DATE

INCIDENT

10-30-74

Placed in 11-s-13 per Smith to Bradfield
per Charge on him.

CLARENCE JONES, SHERIFF

THIS FORM WILL ACCOMPANY ALL INMATES BEING REFERRED TO THE TEXAS
DEPARTMENT OF CORRECTIONS, ADDITIONAL INFORMATION ON REVERSE SIDE.

MINIMUM SECURITY PRISONER

☐
YES☐
NO

AREA ASSIGNED _____

PARTICIPATION IN G.E.D. PROGRAM

☐
YES☐
NO

TO _____
- DATES -

PARTICIPATION IN JUNIOR COLLEGE PROGRAM

☐
YES☐
NO

TO _____
- DATES -

COURSES: _____

PARTICIPATION IN ADULT BASIC EDUCATION

☐
YES☐
NO

TO _____
- DATES -

☐

TUTOR

☐

PUPIL

JUDGMENT SENTENCE - PLEA OF GUILTY - JURY LIVED - NON-CAPITAL

Form No. 315 (Rev. May '73)

HOLDAVEN BROS., INC. - DALLAS, TEXAS

OK

MINUTES OF THE Criminal DISTRICT COURT ---- OF DALLAS COUNTY, TEXAS
 No. F7896650-IH October Term, A.D. 19 78
 THE STATE OF TEXAS October 9, A.D. 19 78
 VS. Tony Lee Massingill

JUDGMENT 2nd Reindictment

The defendant having been indicted in the above entitled and numbered cause for the felony offense of Rape, a Second Degree Felony as charged in the indictment ** and this cause being this day called for trial, the State

appeared by her assistant Criminal District Attorney Ron Poole and the Defendant Tony Lee Massingill
Lorenzo Brown also being present and both parties announced ready for trial, and the Defendant in person and in writing in open Court having waived his right of trial by jury, such waiver being with the consent and approval of the Court and now entered of record on the minutes of the Court and such waiver being with the consent and approval of the Criminal District Attorney of Dallas County, Texas, in writing, signed by him, and filed in the papers of this cause before the Defendant

entered his plea herein, the defendant was duly arraigned and in open Court pleaded GUILTY to the charge contained in the indictment; thereupon the defendant was admonished by the Court of the consequences of the said plea and the defendant persisted in entering said plea, and it plainly appearing to the Court that the defendant is mentally competent and that he is uninfluenced in making said plea by any consideration of fear, or by any persuasion, or delusive hope of pardon prompting him to confess his guilt, the said plea was accepted by the Court and is now entered of record as the plea herein of the Defendant. The defendant in open Court, in writing, having waived the reading of the indictment, the appearance, confrontation, and cross-examination of witnesses, and agreed that the evidence may be stipulated and consented to the introduction of testimony by affidavits, written statements of witnesses and any other documentary evidence, and such waiver and consent having been approved by the Court in writing and filed in the papers of the cause; and, the Court having heard the Defendant's waiver of the reading of the indictment, the defendant's plea thereto, the evidence submitted, and the argument of counsel, is of the opinion from the evidence submitted that the defendant is guilty as charged.

IT IS THEREFORE CONSIDERED AND ADJUDGED BY THE COURT, that the said Defendant is guilty of the felony offense of Rape a Second Degree Felony as charged in the 1st paragraph of the indictment

and that the said Defendant committed said offense on the 23rd day of March, 19 78, and that he be punished by confinement in the Texas Department of Corrections for 5 years, and that the State of Texas do have and recover of the said defendant all costs in this prosecution expended, for which execution will issue; and that said defendant be remanded to the Sheriff of Dallas County, Texas, to await the further order of the Court herein.

****State's Motion to strike the Second Count of the indictment granted.**

SENTENCE

THE STATE OF TEXAS
 VS.

Tony Lee Massingill No. F78-6650-IH October 9, 19 78

THIS DAY this cause being again called, the State appeared by her Criminal District Attorney, and the Defendant, Tony Lee Massingill

appeared in open Court in person, his counsel Lorenzo Brown also being present, for the purpose of having sentence of the law pronounced in accordance with the judgment herein rendered and entered against him at a former time, and thereupon the said Defendant was asked by the Court whether he had anything to say why said sentence should not be pronounced against him, and he answered nothing in bar thereof, and it appearing to the Court that the Defendant is mentally competent and understanding of the English language, the Court proceeded, in the presence of said Defendant, to pronounce sentence against him, as follows:

IT IS THE ORDER OF THE COURT, that the said Defendant, who has been adjudged to be guilty of Rape, a Second Degree Felony as charged in the 1st paragraph of the indictment

and whose punishment has been assessed by the Court at confinement in the Texas Department of Corrections for 5 years, be delivered by the Sheriff of Dallas County, Texas, immediately to the Director of the Texas Department of Corrections or other person legally authorized to receive such convicts, and said Defendant shall be confined in said Texas Department of Corrections for not less than 2 years nor more than 5 years and until Court Costs of \$26.00 are paid in accordance with the provisions of the law governing the Texas Department of Corrections, and the said Defendant is remanded to jail until said Sheriff can obey the direction of this sentence.

It is further ADJUDGED and DECREED by this Court that the sentence pronounced herein shall begin this date, and that the Defendant is granted credit for time served beginning on date of March 23, 1978

CLERK'S CERTIFICATE

THE STATE OF TEXAS

COUNTY OF DALLAS

I, BILL SHAW, Clerk of the Criminal
District Court ---- of Dallas County, Texas, do hereby certify
that the above and foregoing is a true and correct copy of
Judgment and Sentence
in Cause No. F78-6650-IH, entitled THE STATE OF TEXAS VS.
Tony Lee Mass ngill
as the same appears on record in my office in Vol. 117
page 46 Minutes of the Criminal
District Court ----- of Dallas County, Texas.

GIVEN UNDER MY HAND AND SEAL of said Court, at office in Dallas,
Texas, this 9th day of October, A.D. 19 78.

BILL SHAW
Clerk of the Criminal District
Courts of Dallas County, Texas

By 

Deputy

Gearldine L. Flowers



CARL THOMAS

SHERIFF

DALLAS COUNTY GOVERNMENT CENTER

DALLAS, TEXAS 75202

REPORT OF INMATE CONDUCT

NAME: MASSENBILL Tony Lee INMATE NUMBER 7808625 6349803
(B.I.#) (I.D.#)

I CERTIFY THAT THE ABOVE NAMED INMATE HAS COMMITTED NO SERIOUS ACT OF MISCONDUCT WHILE IN THE CUSTODY OF THE DALLAS COUNTY SHERIFF'S DEPARTMENT.

☒ I CERTIFY THAT THE ABOVE NAMED INMATE HAS COMMITTED SERIOUS ACTS OF MISCONDUCT AS FOLLOWS: (NO DISCIPLINARY HEARING PROCEDURES HELD)

I CERTIFY THAT THE ABOVE NAMED INMATE HAS COMMITTED SERIOUS ACTS OF MISCONDUCT AS FOLLOWS: (IN ACCORDANCE WITH WOLFF VS. MCDONNELL)

INCIDENT OR OFFENSE

DATE

<u>Destroying Property Dallas County Jail</u>	<u>16-8-78</u>
<u>Stealing</u>	<u>9-8-78</u>
<u>Unauthorized possession of contraband</u>	<u>16-8-78</u>

REMARKS:

DATE RECEIVED IN DSO CUSTODY 3-19-78

TRANSFERRED TO TEXAS DEPARTMENT OF CORRECTIONS 16-12-78

CARL THOMAS, SHERIFF
DALLAS COUNTY, TEXAS

BY: [Signature] #665
DEPUTY SHERIFF

SHER/JAIL/12

TEXAS DEPARTMENT OF CORRECTIONS

RELEASE NOTICE AND RECEIPT

WARDEN:

HUNTSVILLE, TEXAS

Insert date released and return to the Record Office.

NAME MASSINGILL, Tony Lee NO. 284635

DISCHARGE DATE WITH COMMUTATION TIME _____

CONDITIONAL PARDON TO _____

PAROLE _____

MANDATORY SUPERVISION 10-25-80 to Dallas County

DATE RELEASED OCT 24 1980

By JBP / RC WARDEN

RO-4

BOARD OF PARDONS AND PAROLES

ROOM 711 STEPHEN F. AUSTIN BLDG.

AUSTIN, TEXAS 78701

DATE: 10-20-1978

DIRECTOR
TEXAS DEPARTMENT OF CORRECTIONS
HUNTSVILLE, TEXAS

IN RE: MASSINGILL, TONY LEE
284635

THE ABOVE NAMED INMATE WILL BE INITIALLY ELIGIBLE FOR PAROLE CONSIDERATION DURING *SR*. IF ELIGIBILITY IS REACHED EARLIER BY THE ADDITION OF LAWFUL TIME CREDITS, THE TEXAS DEPARTMENT OF CORRECTIONS WILL NOTIFY THIS BOARD OF THE CHANGE AND THE PROCESS WILL BE INITIATED EARLIER. THIS PROCESS IS AUTOMATIC - THE INMATE NEED NOT NOTIFY THIS BOARD NOR DOES HE OR SHE NEED TO APPLY FOR PAROLE IN ANY MANNER.

PERSONAL APPEARANCES BEFORE THE BOARD BY FAMILY, FRIENDS, OR OTHER INTERESTED PARTIES ARE NOT REQUIRED. AT ANY TIME, HOWEVER, INFORMATION MAY BE SUBMITTED CONCERNING THE INMATE'S CASE IN WRITING OR IN PERSON TO THE BOARD OR ITS REPRESENTATIVE AT ITS ADDRESS IN AUSTIN, TEXAS.

THE INMATE MAY BE INTERVIEWED BY A BOARD REPRESENTATIVE PRIOR TO THE MONTH SET FOR REVIEW. IN THE EVENT OF SUCH INTERVIEW THE REPRESENTATIVE WILL BE PARTICULARLY INTERESTED IN A RELEASE PLAN TO SUBMIT TO THE PAROLE PANEL. IF FAVORABLE ACTION IS NOT TAKEN BY THE PAROLE PANEL UPON REVIEW, YOU WILL BE NOTIFIED OF THE NEXT REVIEW DATE. IF THE ACTION IS FAVORABLE, THE BOARD WILL NOTIFY THE TRIAL OFFICIALS OF EACH COUNTY OF CONVICTION. A FINAL DECISION WILL BE MADE BY A PAROLE PANEL WHEN THE ENTIRE INVESTIGATION IS COMPLETED. THE INMATE WILL RECEIVE NOTIFICATION OF ANY ACTION TAKEN.

A PAROLE IS NOT A RIGHT. THE LAW STATES, 'A PAROLE SHALL BE ORDERED ONLY FOR THE BEST INTERESTS OF SOCIETY, NOT AS AN AWARD OF CLEMENCY; IT SHALL NOT BE CONSIDERED TO BE A REDUCTION OF SENTENCE OR PARDON.' AN INMATE IS PLACED ON PAROLE ONLY WHEN THE BOARD BELIEVES HE IS ABLE AND WILLING TO MEET THE OBLIGATIONS OF A LAW ABIDING CITIZEN, WHEN THE FACTS IN HIS CASE WARRANT IT, AND WHEN ARRANGEMENTS HAVE BEEN MADE FOR HIS PROPER EMPLOYMENT AND CARE.

SR MEANS SPECIAL REVIEW. ACTION WILL BE INITIATED IMMEDIATELY. RELEASE, IF ORDERED, WILL NOT OCCUR PRIOR TO LEGAL ELIGIBILITY FOR PAROLE.

BOARD OF PARDONS AND PAROLES

CC: INMATE
FILE

OCT 26 1978

HOW TO CHANGE YOUR CORRESPONDENCE LIST

In order to consider changes in a Correspondence List, it is necessary that the Bureau of Classification receive certain types of information about the person with whom you wish to correspond.

To have changes in your Correspondence and Visitors List approved as quickly as possible, listed below are points to keep in mind when you write the Bureau of Classification:

ONLY FIVE NAMES can appear on your list. If you wish to replace one person with another, be sure to indicate the person you wish removed from your list. Use the space provided on the reverse side of this page.

WHEN LISTING WOMEN RELATIVES, give their first and maiden name in order that we may identify that person if her name appears in our records. Example: Mrs. John Jones would be listed as Mrs. John (Mary Brown) Jones.

MARRIED MEN may not write to women other than wives, mothers, sisters, or in some cases, other close relatives.

CORRESPONDENCE WITH MARRIED WOMEN, other than relatives, will not be approved except in unusual circumstances.

CHANGES IN YOUR MARITAL STATUS since you were admitted require verification. For example, if your wife has obtained a divorce and you wish to write another woman, it will be necessary for you to furnish verifiable information regarding the divorce.

CORRESPONDENCE WITH MINORS, other than members of your immediate family, requires written permission from a parent or guardian. The Bureau of Classification will obtain this permission for you. However, receipt of this permission does not necessarily mean that correspondence will be approved.

CORRESPONDENCE WITH EX-INMATES is not generally approved. However, if our investigation shows that person has maintained a clear record for a reasonable length of time, such correspondence may be approved.

EXHIBIT 12

OBJECTIVE TEST DATA

SCHOLASTIC APTITUDE TESTS

EDUCATIONAL ACHIEVEMENT TESTS

Readiness Test						Achievement Tests							
P. R.	Read.	Number	Total	Date	Grade	Name of Test	Read G. P.	Arith. G. P.	Lang. G. P.	Spell. G. P.	Total		
							Ver.	Comp.	Reas.	Fund.	History		
1/16/62	Metropolitan	1	E E E E	1/16/62	4A	California Achievement	3.0	2.9	2.7	3.1	2.8	2.8	2.9
1/16/62	4A	75	82	69	1/16/62	4A	2.5	2.0	0	0	2.0	0	2.0
1/16/62	4A	75	82	69	1/16/62	4A	2.0	2.0	2.4	3.0	3.2	2.4	2.1
1/16/62	4A	75	82	69	1/16/62	4A	2.0	2.7	2.5	4.1	3.0	2.0	2.5

SCHOLARSHIP — COLLEGE ENTRANCE TESTS

TEACHER CONFERENCE NOTES (PARENT, NURSE, VISITING TEACHER)

[illegible]

EXHIBIT 13

FINAL SUMMARY

DALLAS COUNTY HOSPITAL DISTRICT
DALLAS, TEXAS

NAME: MASSINGILL, Tony

UNIT #: 00 80 86 73

DATE OF ADMISSION: 06/07/89

DATE OF EXPIRATION: 07/14/89

SERVICE: Medicine

PHYSICIAN: David McGinnis, M.D.

FINAL DIAGNOSES:

1. Recurrent oral ulcerations secondary to vasculitis, partial Behcet's syndrome.
2. Chronic granulomatous leukemia with blastic transformation.

OTHER MORBID CONDITIONS
AND/OR COMPLICATIONS:

1. Anemia.
2. Thrombocytopenia.
3. Methicillin-resistant Staphylococcus infection.
4. Malnutrition.
5. Perirectal abscess.
6. Chronic nonhealing oral ulcerations.
7. Aspiration pneumonitis.

PROCEDURES PERFORMED:

1. Hydrotherapy.
2. Colostomy.
3. Bronchoscopy.
4. Percutaneous esophageal gastrostomy tube placement.
5. Left subclavian central venous line placement.
6. Lymph node biopsy.
7. Bone marrow biopsy.
8. Intravenous antibiotic therapy.
9. Skin biopsy x 3.

SERVICES CONSULTED:

1. Infectious Disease.
2. General Surgery.
3. Hematology-Oncology.
4. Nutrition.
5. Psychiatry.
6. Rheumatology.
7. Dermatology.
8. Gastroenterology.
9. Physical Medicine & Rehabilitation.
10. Pulmonary Medicine.

HOSPITAL COURSE: The patient was an unfortunate 31 year old black male with no significant past medical history until 5/87 when he presented to the Surgery Emergency Room with a .22 caliber gunshot wound to his left chest. He did well with chest tube drainage of hemothorax and observation. His white count at that time was 34.7 with a hematocrit of 37.5. He was noted to have a differential of 13 metamyelocytes, 2 myelocytes, 26 polymorphonuclears, 29 lymphocytes, 13 monocytes and 1 eo with no diagnosis at that time. He returned in 3/89 after a seizure at home with a temperature in the Emergency Room of 37.7. He was alert and oriented x 2. His physical exam and neurological exam were unremarkable. Lumbar puncture was also unremarkable. CSF glucose was 105 and protein was 66. CSF VDRL was nonreactive.

CONTINUED ON PAGE 2

TRANSCRIPTION FORM

A14

FINAL SUMMARY

DALLAS COUNTY HOSPITAL DISTRICT

DALLAS, TEXAS

Page 2

NAME: MASSINGILL, Tony

UNIT #: 00 80 86 73

SERVICE:

PHYSICIAN:

Culture and cytology were negative. AFB stain and culture were negative. Cryptococcal antigen was negative. ESR was 43. He was admitted and started on Dilantin IV load and p.o. maintenance. CT and MRI with contrast were negative. Chest x-ray was clear. CBC at that time revealed a white count of 48,700 with a hematocrit of 43.7. He was felt to be volume depleted at that time, however, with a differential consistent with chronic granulomatous leukemia. His creatinine was 1.8. An EEG was performed which showed temporal swelling. He spiked a fever on the second day of hospitalization. Blood cultures were negative and urinalysis was negative as was urine culture. Serum protein electrophoresis showed an acute phase response. A bone marrow biopsy was performed which showed an 1:20 erythroid to myeloid ratio consistent with OGL and was notable for the presence of Philadelphia chromosome positive leukemia.

He was treated with cefataxime and gentamicin, and remained febrile. Ulcerations of the oral mucosa were noted shortly thereafter and this was felt at that time to be secondary to a Dilantin drug reaction. The Dilantin was stopped and he was switched to phenobarbital. Peripheral blood VDRL was reactive at 1:1 with MHA-TP reactive and he was treated with penicillin appropriately. Cultures of the oral ulcers were negative for herpes simplex virus. Multiple KOH preparations were negative. He was treated with Maalox and viscous lidocaine with IV acyclovir without any evidence of improvement. He was evaluated by Hematology and the Infectious Disease Service but no etiology for ongoing fever and ulcerations could be discerned. All antibiotics were stopped and his fever decreased. He defervesced off antibiotics and the ulcers healed to a significant degree. He was appointed to the Hematology Clinic and Dermatology Clinic but did not return for follow-up.

The patient presented again on 6/04/89 with penile, scrotal and oral ulcerations, and asked for a phenobarbital refill in the Ambulatory Care Clinic. His temperature was 36.6 and he was noted to have some rectal pain. He was referred to the Surgery ACC where he was found to have a perirectal abscess. He was admitted to the Surgery Service and the oral ulcerations progressed on the first day of admission. He underwent debridement of the perirectal abscess with a large ulcer being present. He had an increased temperature and was started on vancomycin, Flagyl, erythromycin and IV acyclovir without improvement. The oral ulcerations became more extensive and general ulcerations with kissing ulcers appeared. Multiple blood and urine cultures were negative. He developed chronic aspiration syndrome based on his chronic poor handling secretions secondary to difficulty swallowing. He was started on tobramycin for gram-negative rod coverage although blood cultures remained negative. His HIV status was negative. Repeat VDRLs were negative. Sputum was consistently contaminated. Cultures for herpes simplex virus were repeated on multiple occasions from the scrotal and oral ulcers which were

CONTINUED ON PAGE 3

FINAL SUMMARY

Page 3

DALLAS COUNTY HOSPITAL DISTRICT
DALLAS, TEXAS

NAME: MASSINGILL, Tony

UNIT #: 00 80 86 73

SERVICE:

PHYSICIAN:

negative. No *Hemophilus ducreyi* could be isolated. He had a negative darkfield exam for syphilis. Infectious Disease was consulted and Dermatology was consulted for biopsy of the lesions, and he was transferred to the Medicine Service for further care. Blood cultures were again obtained and he was maintained on broad spectrum antibiotics with IV vancomycin, Flagyl, acyclovir, erythromycin and tobramycin with no change in his fever status and the antibiotics were eventually discontinued. Biopsy of the lesions revealed a leukocyte classic vasculitic reaction in the base of the oral ulcers and genital ulcers felt consistent with vasculitic syndrome. Ophthalmology was consulted to examine the patient for the presence of iritis which was not found. Therefore, he did not meet the full criteria for a Behcet's type syndrome but was felt to have a "partial" type of vasculitic seronegative syndrome. He had a negative ANA, normal RF, and normal complement levels.

The patient's nutritional status was poor and a diverting colostomy was placed to divert stool around the perirectal abscess area. Aggressive oral nutrition was persued and aggressive local care of the ulcers was persued with hydrotherapy. His ulcers did slowly improve and eventually a trial of pulse steroid therapy with IV Solu-Medrol on three successive days was given with remarkable improvement of the ulcerations. However, during the hospital course, he underwent blast transformation with an increase in his white cell count which went from approximately 20,000 to 180,000 over time with multiple blasts on peripheral smears. Repeat bone marrow biopsy showed bone marrow filled with blast cells and lymph node biopsies of large nodes which appeared in the neck were consistent with large blastic cells. Cytogenetics showed up to 50 chromosomes with Philadelphia chromosomes and multiple double minute chromosomes also present.

Because of the risk of severe infection that would be posed by persuing aggressive chemotherapy, the chemotherapy was withheld for some time while we attempted to heal the large ulcers in his mouth and perirectal area. Eventually, the patient developed a sluggish mental status although he was alert and oriented, and mild respiratory discomfort which was felt secondary to a leukostatic syndrome. Chemotherapy was to be offered with Cytosine arabinoside and he was transferred to the 5-North unit for the administration of chemotherapy. He also had a percutaneous gastrostomy placed for aggressive enteral nutrition which was delivered. However, prior to chemotherapy being given, the patient developed marked respiratory distress with respirations in the 40's and obtundation. Due to wishes of the family that further aggressive management not be persued because of a humanitarian basis, the patient was made DNR and he expired shortly after the onset of respiratory failure. He was pronounced dead on 7/14/89 at 1715 with his mother in attendance. The chaplain was summoned for assistance in the arrangements and an autopsy was not requested.

David McGinnis
David McGinnis, M.D. /D15

D: 07/14/89 M: 07/14/89 T: 07/17/89 1478z

TRANSCRIPTION FORM

A14

EXHIBIT 14

DALLAS COUNTY HOSPITAL DISTRICT
Dallas, Texas

DEPARTMENT OF PEDIATRICS

NEWBORN DISCHARGE SUMMARY

11-7-79

0393-457

67 10 82

HEARN B/M 11-06-78

23-C15 NB SUSAN

067 [REDACTED] 858674 TC

FAMILY:

- ADMITTED: 11-6-78 DISCHARGE: 11/9/78
- MOTHER'S UNIT #: 54, 55, 85
 - MOTHER'S FULL NAME: Hearn, Susan D.
 - MOTHER'S ADDRESS: [REDACTED] APT.
 - MOTHER'S TELEPHONE: 2-374-5275
 - NAME, ADDRESS, AND TELEPHONE OF CONTACT IF MOTHER HAS NO PHONE:

SUMMARY:

THE INFANT WAS A 3385 GM., 50.1 CM. IN LENGTH, FOC 35 CM.
 EGA 42-43 WKS., APGAR 2 1 9, BLOOD TYPE B RH +, DIRECT COOMBS ⊖, RACE
B, SEX M, DELIVERED OF A 18 Y.O., G 1 P 0 A 0 BLOOD TYPE A
 RH +, SEROLOGY NR, CLINIC ☒ NONCLINIC ☐, RACE B PER: VAGINA ☒
 OR C-SECTION ☐ RESUSCITATION bagged with O₂ for 1 min.; DeLee suction below cords
 IF PREGNANCY, LABOR AND DELIVERY WERE COMPLICATED, DESCRIBE: Prog. uncomp. AROM 2 hrs
PTD revealed thin meconium. Resusc. as above.

THE IMMEDIATE NEWBORN PHYSICAL EXAMINATION WAS NORMAL. IF ABNORMAL, DESCRIBE: poor Moro-
minimal abduction, no cry.

THE HOSPITAL COURSE WAS UNCOMPLICATED. IF COMPLICATIONS ENCOUNTERED, DESCRIBE:

DISCHARGE PHYSICAL EXAMINATION WAS NORMAL OR DEMONSTRATED: Head lag -
catch up, good Moro.

A14

DALLAS COUNTY HOSPITAL DISTRICT
Dallas, Texas

DEPARTMENT OF PEDIATRICS
NEWBORN DISCHARGE SUMMARY

11-778

0398-657

67 10 82

HEARN B/H
23-CIS HB SUSAN
067 858674 TC

CONTINUATION SHEET

DISPOSITION:

DISCHARGE FOC 34.5 CM., WEIGHT 3380 GM.1. DISCHARGE TO PARENTS: ☒ YES ☐ NO IF "NO" STATE NAME AND

RELATIONSHIP: _____

REASONS: _____

(2) WELL BABY CLINIC, 2 MONTHS

3. _____

4. _____

5. _____

6. CMC APPOINTMENT ☐ YES ☒ NO

DATE: _____

FORMULA
(CIRCLE)

- (1) STOCK FORMULA WITH IRON.
2. EVAPORATED MILK 12:19:2.
3. BREAST MILK.

MEDICATIONS
(CIRCLE)

1. MULTI-VITAMINS, 0.6 ml QD
2. FeSO₄, 0.6 ml BID

3. _____

DIAGNOSIS

1. 1st TERM, Appropriate FOR GESTATIONAL AGE, LIVING INFANT.

2. _____

3. _____

4. _____

OPERATIONS

1. _____

2. _____



DATE:

11/5/78

Wilson
(PHYSICIANS SIGNATURE)

A14

[illegible]

DATE OF BIRTH: <u>11/14/87</u>		C858674 U 67108	
Mother's Name: <u>18</u>		Hospital Number: <u>211</u>	
Maternal Date: <u>11</u>		Prenatal Scrology: <u>121</u>	
LABOR: <u>11</u>		Other: <u>17:35</u> <u>1/6</u> <u>17:35</u>	
DELIVERY: <u>11</u>		Operative: <u>11</u>	
REPAIR: <u>2/9</u>		Describe: <u>Milk Laceration Under bag</u>	
Resuscitation: Yes <u>11</u> No <u>11</u>		Abnormalities Noted: <u>11</u>	
Prophylactic Eye Care: Yes <u>11</u> No <u>11</u>		Cord Blood Sent: Routine <u>11</u> Stat <u>11</u>	
Private Obstetrician: <u>11</u>		Private Pediatrician: <u>11</u> Staff Pediatrician: <u>11</u>	
IDENTIFICATION BAND		Infant's Birth Date: <u>11/14/87</u> Time: <u>20:31</u>	
SIGNATURE, PERSON APPLYING		Infant's Sex: <u>boy</u> Race: <u>W</u> <u>(N)</u> L.A. <u>11</u>	
PRINTS		Birth Weight: <u>7</u> lbs. <u>7</u> ozs. <u>3:38:5</u>	
SIGNATURE, PERSON TAKING		Infant Not Weighed At Birth: <u>11</u> <u>HOW</u>	
Mother's Right Index Fingerprint	Infant's Left Footprint (or Palmprint)	Infant's Right Footprint (or Palmprint)	
			

NEWBORN DISCHARGE

DATE: 11-9-78

I have examined the baby being released to me by the Dallas County Hospital District and have identified him/her as my child.

1 SUSAN HEARN

Mother's Signature (or qualified representative)

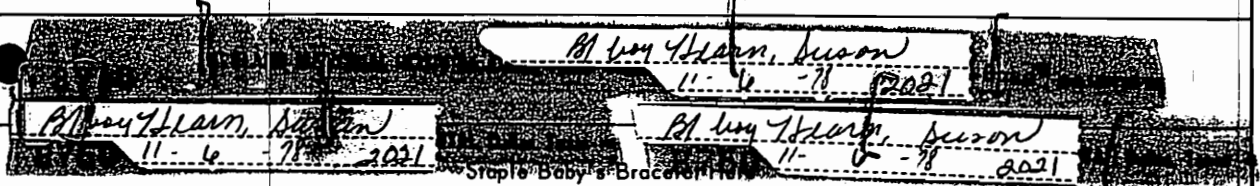
I have checked the bracelets of the Mother Susan Hearn and of her Baby M. Hearn, and have found them to have matching numbers or her representative specified above.

Alternate Mode of Identification:

Parent or Qualified Representative

Melissa Jones-NA

Hospital Employee's Signature



Discharge Instructions

A. The Newborn Discharge Section of the Newborn Identification Form is to be completed on each infant at discharge.

B. Discharge will be made to:

1. The mother or her representative who properly identifies himself (herself) and who presents the mother's identification arm band. Failing this, the mother will be contacted and her wishes verified. The person contacting the mother will note and sign evidence of such contact.
2. The legal guardian or person acting under court order who will properly identify himself and present evidence of his authority. The number of title and instruments of authority will be noted on this form.
3. Escorts from other hospitals or agencies who will identify themselves and sign for the infant.

C. A registered nurse or LVN will check all instruments of identification and authority required above.

DALLAS COUNTY HOSPITAL DISTRICT

DALLAS, TEXAS

WORKSHEET FOR
 CERTIFICATE OF BIRTH
**PATIENT
 ID FILE**

FOR INFANT'S ADDRESSOGRAPH PLATE

Unit #

671082

Name

Address

Birthdate

Classification

OP ☐ ER ☐ IF ☐ Admit #

DUPLICATE

TO BE FILED WITH MEDICAL RECORD

STATE OF TEXAS

BIRTH NO.

1. PLACE OF BIRTH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Texas</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <u>Dallas</u>		c. CITY OR TOWN (If outside city limits, give precinct no.) <u>Dallas</u> ZIP CODE <u>75241</u>	
c. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <u>Parkland Memorial</u>		d. STREET ADDRESS (If rural, give location) [REDACTED]	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/> f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
CHILD	3. NAME (Type or Print) (a) First <u>Yokanon</u> (b) Middle <u>Daneal</u> (c) Last <u>Hearn</u>		
	4. DATE OF BIRTH [REDACTED]		
FATHER	5. SEX <u>Male</u>	6a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	
	6b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		
MOTHER	7. NAME (a) First <u>Dan</u> (b) Middle <u>Earl</u> (c) Last <u>Hearn</u>		
	8. COLOR OR RACE <u>Black</u>		
MOTHER	9. AGE (At time of this birth) <u>24</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Texas</u>	11a. USUAL OCCUPATION <u>truck driver</u>
	11b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Army</u>		
MOTHER	12. MAIDEN NAME (a) First <u>Susan</u> (b) Middle <u>Diane</u> (c) Last <u>Ross</u>		
	13. COLOR OR RACE <u>Black</u>		
MOTHER	14. AGE (At time of this birth) <u>18</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Texas</u>	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
	a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were born dead (fetal deaths) after 20 weeks pregnancy? <u>0</u>		
17. INFORMANT <u>SUSAN HEARN</u>		18. I hereby certify that this child was born alive on the date stated above at <u>8:21 P</u> m.	
19a. ATTENDANT'S SIGNATURE		19b. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>	
19c. ATTENDANT'S ADDRESS		19d. DATE SIGNED <u>November 6, 1978</u>	
20a. REGISTRAR'S FILE NO.		20b. DATE REC'D BY LOCAL REGISTRAR	
		20c. REGISTRAR'S SIGNATURE	

FOR MEDICAL AND HEALTH USE ONLY (This Section MUST be filled out)

21. LEGITIMATE? <u>Yes</u>	22. LENGTH OF PREGNANCY <u>40</u> COMPLETED WEEKS	23. WEIGHT AT BIRTH <u>7</u> LB <u>7</u> OZ.	24. WAS EYE PROPHYLAXIS USED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
25. WAS SEROLOGIC TEST MADE? YES <input type="checkbox"/> NO <input type="checkbox"/>	26. WAS PRENATAL CARE GIVEN? IF YES, CIRCLE MONTH OF PREGNANCY OF FIRST VISIT FOR PRENATAL CARE. YES <input type="checkbox"/> NO <input type="checkbox"/> <u>1</u> 2 3 4 5 6 7 8 9 10		
27. CONGENITAL OR OTHER ABNORMALITY? IF YES, DESCRIBE NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>			

COMPLETED BY

Jimmie Walton

A43

DALLAS COUNTY HOSPITAL DISTRICT
DALLAS, TEXAS

**CONSENT FOR TREATMENT OF NEWBORN
AND CIRCUMCISION**

Unit # 11-778
Name 0398-457
Address _____
Birthdate 67 10 82
Classification HEARN B/M
23 C15 WB SUSAN
858674 TCL
OP ☐ ER ☐ IP ☐ Admit # _____

Mother's Name _____

Unit No. _____

I, hereby authorize the hospital staff and the medical staff of the Dallas County Hospital District to administer any treatment as may be deemed necessary or advisable in the diagnosis and treatment of my child which is expected to be delivered during this hospital stay.

SIGNED: _____
Father

or

SIGNED: X SUSAN HEARN
Mother

WITNESS: Paula Lawrence

If the baby is a boy, I hereby authorize a physician at the Dallas County Hospital District to circumcise my baby.

SIGNED: _____
Father

or

SIGNED: _____
Mother

WITNESS: _____

DATE: 11/6/78

0378-657

67 10 82

HEARN B/M

~~23-CIS NB SUSAN~~

858674 TC;

773648748 SPELWISSEY MOORE CLEAN PRINTCOMP, INC. D DALLAS, TX. PRINTED A

DALLAS COUNTY HOSPITAL DISTRICT

DALLAS, TEXAS

NEWBORN ADMISSION RECORD

Unit # 11-778Name 0398-457

Address _____

Birthdate 07 10 82Classification HEARN B/H
23-CIS NB SUSANOP ☐ MER ☐ 1140 ☐ 78400674 TC

DELIVERY ROOM INFORMATION

MOTHER:

NAME: Hearn, SusanDATE 11/6/78AGE: 18CLINIC ☒ NON-CLINIC _____ PRIVATE _____ IF PRIVATE PATIENT - DESIGNATE DOCTOR FOR BABYGRAVIDA 1 PARA 0 E.D.C. NOV 13, 1979PREGNANCY COMPLICATIONS noneBLOOD GROUP A RH + ANTIBODY TITER(S) _____PRENATAL SEROLOGY NB DATE _____

TREATMENT _____

(DELIVERY SEROLOGY) neg

LABOR:

PRESENTATION C MEMBRANES RUPTURED 2 HOURS BEFORE DELIVERYANALGESIA - ☒ NARCOTIC Demerol DOSE 25 mg IV LAST DOSE GIVEN 1840ANESTHESIA - ☒ LOCAL _____ ☐ CONDUCTION _____ ☐ GENERAL _____DURATION OF LABOR 17 hrs 20 min DELIVERY TIME 2021ACCIDENTS OF LABOR noneDELIVERY { SPONTANEOUS ☒
OPERATIVE (SPECIFY) _____PLACENTA & CORD ABNORMALITIES 3 vesselsSEX male WEIGHT 7 LBS. 7 OZS. 3385 GRAMS

APGAR RATING	0	1	2
HEART RATE		0	X
RESPIRATORY EFFORT		0	X
MUSCLE TONE	0		X
REFLEX	0		X
COLOR	0	X	
TOTAL:			

VERNIX (QUANTITY, STAINING) meconium stained

RESPIRATION: IMMEDIATE _____

DELAYED ☒ INTERVAL 1 minRESUSCITATION: DESCRIBE bagged with O₂
and De Lee suction below cordsABNORMALITIES DETECTED none

CORD BLOOD OBTAINED: YES ☐ NO ☐
 EMERGENCY COOMBS & TYPING ☐
 ROUTINE COOMBS & TYPING ☐
 PROPHYLACTIC EYE CARE ☐

SIGNATURE Steve M. Alley M.D.

M.D.

045

DATE

B...

DATE/

REQU...

DIAG:

PHYSIC...

DATE/TIME

IN LAB

DATE/TIME

REPORTED

REMARKS

X

SERV...

X

Group &

Rh Ge...

Antib...

Antib...

Antiboo

Eluate

X

Direct Co...

Hepatitis

Confirmat...

Other

DATE	TIME		
11/7	3320	98 ²	Doring wall
			Wilson
11/8	3340 (820)	98 ⁺	Doring wall
			Wilson
11/9	3340 (840)	98	stable
			Wilson

4. illegible

ADMISSION NOTE

DATE	TIME	
11/6/78	2040	3385 gm Apgar 2/9 ♂ infant, product of an 18 y/o BF, G ₁ P ₀ , EDC 10/23, EGA 40 wks by 1 st exam & 39 wks by FHTU AROM 2 hrs. PTD reversed the meconium. Mother received 50 mg Demerol IV over 2 hrs PTD. Pregnancy was uncomplicated. Infant has poor initial respiratory effort associated with bradycardia and was bagged with O ₂ . DeLee suction was performed; no meconium below the cords. After ~1 min. of resuscitation heart rate increased to 150/min. EGA by exam 42-43 wks.

Steve B. Alley, MD IV
Wilson

ADMISSION ORDERS

- | DATE | TIME | |
|---------|------|---|
| 11/6/78 | 2040 | 1) Admit to NPN
2) Routine care.
3) Observe for respiratory distress. |

Steve B. Alley, MD IV
Wilson

Plus follow up 24 hrs

NEWBORN PHYSICAL EXAMINATION

Date of Examination:	11/7/78	Time:	1045	Age at Examination:	16 hrs.
Weight:	3385 gm	Head Circumference:	35 cm	Anterior Fontanel:	1.5 x 1.5 cm
Length:	50.1 cm	Chest Circumference:	34 cm	Posterior Fontanel:	closed
Resp. Rate:	32	Heart Rate:	148		

GENERAL APPEARANCE: (maturity, activity, cry, nutrition, obvious abnormalities, etc.)	quiet but alert & active post-term infant; infant did not cry during exam
SKIN: (rashes, vernix, dryness, birth marks, trauma, edema, petechiae, freckles, pigmentation, etc.)	dry, extensive desquamation over hands, feet, & trunk; faint Mongolian Spot over buttocks; pigmented pinnae genitalia, axilla
COLOR: (pallor, cyanosis, flushing, plethora, jaundice, etc.)	no jaundice or cyanosis
HEAD: (describe fontanels, shape, caput, craniotabes, cephalhematoma, dermal sinus, etc.)	AF Flat; no cephalhematoma or craniotabes
EYES: (abnormalities, trauma, conjunctivitis, edema, pupil size, red reflexes, etc.)	sclera clear; PERRL; + red reflex bilat.
ENT: (anomalies, nasal congestion or obstruction, infection, etc.)	no obstruction or cleft
NECK: (mobility, masses, etc.; include CLAVICLES.)	no masses, clavicles intact
THORAX: (shape; respiratory rate, rhythm and depth; signs of respiratory distress, etc.; include examination of BREASTS.)	Symmetrical, regular resp., no retractions or grunting; breast 8 mm bilat.
LUNGS: (rales, rhonchi, dullness, etc.)	clear bilat.
HEART: (PMI, size, heart rate and rhythm, murmurs, heart tones, etc.)	PMI LL50, RR 52, S ₁ , S ₂ , no (m) or gallops; + femoral pulses bilat.
ABDOMEN: (masses, size, peristalsis, etc.; include hernias)	liver 2 cm; no spleen or other masses
UMBILICAL CORD: (describe appearance and color, odor, infection, hernia, pulsations, cord vessels, etc.)	WNL
GENITALS: { Male - undescended testes, hydrocele, etc. Female - discharge, etc.)	testes 1/4 upper scrotum; rugae cover
TRUNK AND SPINE: (abnormalities including pilonidal dimple or sinus, etc.)	no dimple or sinus
EXTREMITIES: (abnormalities, positional defects, edema, muscle tone, staining of the nails, mottling, cyanosis, etc.)	hypertonic; nails past finger tips; ankle flexion 0°, square window 0°
REFLEXES: (Moro, hand grasp, toe grasp, root, suck, swallow, gag, DTR's, etc.)	2 cry; poor Moro - minimal abduction without cry; good hand-toe grasp; good suck; DTR's 2+ patellar bilat
ANUS:	perforate
IMPRESSION: 42-43 wk ⁺ infant with pear mark - fair Moro	AGA

Steve B. Alley, MD / Wilson M.D.

11-778

0398-657

DALLAS COUNTY HOSPITAL DISTRICT
DALLAS, TEXAS
DEPARTMENT OF NURSING SERVICE
MEDICATION PROFILE

DATE: 11-6-78

ALLERGIES:

67 10 82

HEARN B/M 11-06-78

23-CIS NB SUSAN

11-06-78 858674 TCL

REQNO: _____ DOSE 1mg RT IM FREQ once BD / / / ED / / /
07 08 09 10 11 12 13 14 15 16 17 18
Agua Mephyton
19 20 21 22 23 24 01 02 03 04 05 06
B.D.

REQNO: _____ DOSE 50,000U. RT IM FREQ once BD / / / ED / / /
07 08 09 10 11 12 13 14 15 16 17 18
Aq Na Penicillin
19 20 21 22 23 24 01 02 03 04 05 06
P.B.

REQNO: _____ DOSE _____ RT _____ FREQ _____ BD / / / ED / / /
07 08 09 10 11 12 13 14 15 16 17 18
19 20 21 22 23 24 01 02 03 04 05 06

REQNO: _____ DOSE _____ RT _____ FREQ _____ BD / / / ED / / /
07 08 09 10 11 12 13 14 15 16 17 18
19 20 21 22 23 24 01 02 03 04 05 06

REQNO: _____ DOSE _____ RT _____ FREQ _____ BD / / / ED / / /
07 08 09 10 11 12 13 14 15 16 17 18
19 20 21 22 23 24 01 02 03 04 05 06

REQNO: _____ DOSE _____ RT _____ FREQ _____ BD / / / ED / / /
07 08 09 10 11 12 13 14 15 16 17 18
19 20 21 22 23 24 01 02 03 04 05 06

REQNO: _____ DOSE _____ RT _____ FREQ _____ BD / / / ED / / /
07 08 09 10 11 12 13 14 15 16 17 18
19 20 21 22 23 24 01 02 03 04 05 06

REQNO: _____ DOSE _____ RT _____ FREQ _____ BD / / / ED / / /
07 08 09 10 11 12 13 14 15 16 17 18
19 20 21 22 23 24 01 02 03 04 05 06

SIGNATURES: C.S. Chas. Lee

0328-457

PARKLAND MEMORIAL HOSPITAL

NEWBORN GRAPHIC SHEET

67 10 82

HEARN B/M

23-CIS NB SUSAN

067

826674

TCL

Date	11-6-78				11-7-78				11-8-78				11-8-78				11-10-78				
Hospital Day	2				1				2				3				4				
Hours	0200	0800	1400	2000	0200	0800	1400	2000	0200	0800	1400	2000	0200	0800	1400	2000	0200	0800	1400	2000	
Resp.	Pulse	Temp.																			
100	200	100°																			
90	190	99°																			
80	180	98°																			
70	170	97°																			
60	160	96°																			
50	150	95°																			
40	140	94°																			
30	130	93°																			
20	120	92°																			
Bed Temp.																					
Formula		07-1500 15-2300 23-0700 07-1500 15-2300 23-0700 07-1500 15-2300 23-0700 07-1500 15-2300 23-0700																			
Voiced		07-1500 15-2300 23-0700 07-1500 15-2300 23-0700 07-1500 15-2300 23-0700 07-1500 15-2300 23-0700																			
Stools		07-1500 15-2300 23-0700 07-1500 15-2300 23-0700 07-1500 15-2300 23-0700 07-1500 15-2300 23-0700																			
Weight		3350 3320 3340 3380																			

MEDICATIONS

DALLAS COUNTY HOSPITAL DISTRICT

DALLAS, TEXAS

DEPARTMENT OF NURSING SERVICE

NURSES NOTES

11-7-78

0398-457

67 10 82

HEARN B/M

23-CLS NB SUSAN

858674

TCE

Hearn Susan

DATE	TIME	NOTES
11/7	7-3	Color appears pink. Cry strong. Active. Alert & Sperm (Wafers) Nurse side.
11/7	2:00	Feeding well. Active & alert. Strong cry. Color appears to be pink. Mother feeds head side.
11-8	11-7	Active, alert. Cry strong. Feeds from Shirley Coleman - Nurse side.
11/8	7-3	Feed gain + 0. Pink & dry peeling hands. Body fairly active. Barbra Jaffe, nurse on.
11/8	2:00	Feeding well. Active & alert. Strong cry. Color appears to be pink. Mother feeds head side.
11/8	11-7	Color seem pink. Active. Alert. Now. Case given strong cry. Feed well. Barbra Jaffe, n. side.
11-9	12-5	From discharge to mother. I had no regrets checked. Care of the penis & cord explained to mother. Mother expressed her feelings. I explained to mother that her husband is to take her down to his mother's house for a while.

LAST		FIRST		MIDDLE		MADON		AGE		SEX		MARITAL		RACE		DATE OF BIRTH		PREV. ADM.		TYP		STATUS	
HEARN, YOKAMON LANEAL		545585		010		M		B		J		B		18:09		01/10/89		671082					
PARKLAND MEMORIAL HOSPITAL REPORT OF EMERGENCY ROOM ADMISSION																							
ARRIVED BY																							
LOCATION & NATURE OF ACCIDENT AND CHIEF COMPLAINT																							
2 N P CONSULT																							
PATIENT ADDRESS																							
STATE																							
CITY																							
ZIP CODE																							
RELATION TO PATIENT																							
GUARANTION EMPLOYER ADDRESS																							
GUARANTION EMPLOYER																							
INSURANCE CO NAME																							
MEDICARE NO																							
NAME OF INSURED																							
HEARN, SUSAN DIANA																							
POLICY-CONTINGENT NO																							
NAME OF INSURED																							
HEARN, SUSAN DIANA																							
POLICE NOTIFIED BY																							
SERVICE																							
COUNTY																							
RELIGION																							
ALLERGIES NKA																							
I GRANT PERMISSION TO THE MEDICAL STAFF OF DALLAS COUNTY HOSPITAL DISTRICT TO PERFORM AS MAY BE DEEMED NECESSARY IN THE DIAGNOSIS AND TREATMENT OF SAID PATIENT, FURTHER CORRECT TO MY PERSONAL KNOWLEDGE. SIGNED _____ RELATIONSHIP & SIGNING FOR PATIENT																							
TREATMENT RENDERED PRIOR TO ARRIVAL AT HOSPITAL:																							
L.V.'S																							
MEDICATIONS AND TIME OF ADMINISTRATION																							
DEFIBRILLATION AND TIME																							
DEPOSITED IN SAFE																							
DEPOSITED IN SECURITY																							
LABORATORY:																							
4639 4600 2957 SMA ²																							
4707 4859 4031																							
4875 BLOOD GASES TOXICOLOGY																							
4692 SEROLOGY																							
6283 CARDIAC ENZYMES																							
OTHER																							
X-RAY ORDERED																							
THAYS ORDERED																							
O ₂ MASK																							
CANNULA IPPB																							
RESPIRATOR EKG																							
CVP																							
SUTURE REMOVAL SET																							
REQUEST CHART																							
CHARGES																							
LABORATORY																							
DRUGS																							
X-RAYS																							
CENTRAL SUPPLY																							
TREATMENTS																							
REGISTRATION																							
PATIENT ALLOWANCE																							
CASH PAYMENT																							
NET TOTAL																							
APPOINTMENT TO																							
PHYSICIAN'S SIGNATURE																							
INSTRUCTIONS GIVEN																							
PATIENT SIGNATURE IF INSTRUCTIONS GIVEN																							
005																							

DALLAS COUNTY HOSPITAL DISTRICT

DALLAS, TEXAS

EMERGENCY ROOM RECORD

CONTINUATION

5 1 6.

00 67 10 22 410

JUL 10/12 C 1-599243
HEARN, YOKANON LANEAL

JCF [REDACTED] S.A. 55047

NAME: Last First Middle

Emergency Room Number: Date

Time Ordered	Medications and Treatments (continued)
1-10-99 1905	<p>10 y/o BM who lives w/ mother brought by mother to YER after at the suggestion of school counselor today. Pt wrote a note stating "I wish to die tonight and never see the world again".</p> <p>Pt states that he wrote this letter in response to the news that his teacher was leaving his class. Pt later identified his teacher as his "best friend". Pt states that he no longer wants to die & that this was resolved by a talk that he had w/ his school counselor.</p> <p>Mother states that pt has not demonstrated any other unusual behavior in past recently. States that pt has no prior & no MR conditions.</p> <p>States that pt does well in school (As & Bs) Plays well w/ peers no conduct problems @ school.</p>

006

FORM NO. 55090 (REV. 2/77)

MEDICAL RECORDS

DALLAS COUNTY HOSPITAL DISTRICT		DALLAS, TEXAS		00 67 10 82 410 01/10/89 C 1-599243 HEARN, YOKAMON LANEAL ICF [REDACTED] B/X 52-17	
EMERGENCY ROOM RECORD					
CONTINUATION					
NAME: Last		First		Middle	
Emergency Room Number:				Date	
Time Ordered	Medications and Treatments (continued)				
1-10-89	Mother states that pt attends school during				
1920	the day while she works & that				
	pt is kept by his grandmother				
	school until she picks him up.				
	Mother cannot identify any problem				
	was for child & states that prior to				
	this event had no concerns about				
	him. Pt & mother deny neurocognitive sx's				
	MSB → Appearance well dressed clean & neat				
	+ good eye contact. Speech → normal rate & volume				
	goal directed. Mood euthymic Affect → Appropriate				
	Seen OK 4 Good f'd of knowledge related				
	306; incl. & 2 at 3mm similar to concrete				
	T- content → DAIK hallucinations @ Delus. →				
	DSM-IV indications at present				
	AIP → Case discussed w/ Dr Sue Moss				
	He consistent w/ Adjusted RX				
	No evidence of psychosis - e has				

FORM NO. 55090 (REV. 2/77)

006

MEDICAL RECORDS

DALLAS COUNTY HOSPITAL DISTRICT
DALLAS, TEXAS
PSYCHIATRIC EMERGENCY SERVICES
NURSING ASSESSMENT

00 67 10 82 410
01/10/89 C 15599043
HEARN, YOKAMON LANEAL
ICF [REDACTED] B/M E2647

ARRIVED VIA: MIW _____ DPD _____ (NPC) ANOTHER AREA _____ OTHER _____ TIME/335

LAW OFFICER'S REPORT: _____

NAME OF M.D. INFORMED: None
Dr. Collins

SYSTEM ASSESSMENT: SKIN COLOR: PALE _____ FLUSHED _____ MOTTLED _____ OTHER None
SKIN TEMP: COOL _____ DRY _____ WARM ✓ HOT _____ DIAPHORETIC _____
PULSES: STRONG ✓ WEAK _____ THREADY _____ BOUNDING _____
RESP: REGULAR ✓ SHALLOW _____ TACHYPNEA _____ BRADYPNEA _____
NEURO: ORIENTED TO TIME: _____ PLACE _____ PERSON _____
OBEYS COMMANDS ✓ REFUSES COMMANDS _____
VERBALIZES APPROPRIATELY ✓ CONFUSED _____

GENERAL DESCRIPTION OF PATIENT: 10 B/M, wearing blue jeans
(To aid in escapes) and green T-shirt.

BEHAVIOR ON ADMISSION: Cooperative

PATIENT SEARCHED: YES _____ NO ✓ BY WHOM: _____

VALUABLES ON PATIENT: \$ NA

JEWELRY: _____

MEDICATIONS: _____

WEAPONS: _____

OTHER: _____

DISPOSITION: _____

DISPOSITION: _____

DISPOSITION: _____

DISPOSITION: _____

DISPOSITION: _____

PATIENT SECLUDED: YES NO REASON FOR SECLUSION _____

ASSISTED BY SECURITY: YES NO TIME: #1 _____ #2 _____ #3 _____ #4 _____ #5 _____

MIW PATIENT RIGHTS GIVEN: YES: u TIME: _____ INTERPRETER USED: YES/NO NAME _____

FAMILY CONTACTED: YES/NO TIME _____ PERSON CONTACTED _____

RELATIONSHIP: _____ TELEPHONE: _____

PLACED UNDER OPC: YES NO REASON: _____

MEDICATION	DOSAGE	TIME	ROUTE	SITE	INIT.	RESPONSE TO MEDICATION V.S.30
<u>6</u>						

MIW — MENTAL ILLNESS WARRANT

DPD—DALLAS POLICE DEPT.

NPC—NEURO/PSYCH. CONSULT

005A

VITAL SIGNS 2 4 HOURS

TIME	BP	HEART RATE	RESPIRATIONS	TEMPERATURE	SIGNATURE
1340	110/70	76	2	36°	2/11

DISCHARGED TO: MDC _____ HOME 2 WITH FAMILY YES/NO OTHER _____ TIME 2001
 /UP APPT YES/NO LOCATION WHLR DATE _____ TIME _____
 A. COUNSELOR: YES/NO CLOTHING/VALUABLES: TO PATIENT _____ FAMILY _____ OTHER _____
 LENGTH OF TIME IN E.R. 20

SIGNATURE OF R.N. _____ 7-3 _____ 3-11 _____ 11-7 _____

ADDITIONAL NURSES' NOTES: Pt cooperative (Mother) present.
Mother stated she found a "suicide note"
written by "my boy" today. Eulalia Chapman
DK i follow-up to Crisis Intervention
E. Chapman

EXHIBIT 15

2

3

**Assessment of Yokamon Hearn
for Fetal Alcohol Syndrome**

by

**PABLO STEWART, M.D.
824 Ashbury Street
San Francisco, California 94117
415-753-0321
415-753-5479**

Counsel for Yokamon Hearn, a prisoner on death row in Texas, have asked me to review historical data concerning Mr. Hearn to determine whether he suffers from Fetal Alcohol Syndrome.

I am Board Certified Psychiatrist who has over 25 years of experience in the diagnosis and treatment of individuals who suffer from Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). I am licensed to practice medicine in the states of California and Hawaii. I am an Associate Clinical Professor of Psychiatry at the University of California, San Francisco School of Medicine, where I have been on the faculty since 1986. I have served as the Director of Forensic Psychiatric Services for the City and County of San Francisco as well as the Director of the Substance Abuse Inpatient Unit at the San Francisco Veterans Hospital. Serving in these capacities, I have diagnosed and treated at least 1000 patients with FAS/FAE. I currently serve as the Psychiatric Consultant for the Hawaii Department of Human Services. In this capacity, I am responsible for setting policy as well as evaluating both adults and children who suffer from FAS/FAE. My CV is attached for your review.

The information I have reviewed is the following:

1. The medical record of Mr. Hearn's birth.
2. The records of Susan Diane (Hearn) Johnson, Mr. Hearn's biological mother, concerning Ms. Johnson's history of and treatment for drug and alcohol abuse.
3. A memorandum of an interview with Ms. Johnson conducted March 4, 2004, by Randi Wall Chavez.
4. Four childhood photographs of Mr. Hearn, depicting him at approximately two years of age.
5. Two adult photographs of Mr. Hearn, depicting him at the time he was admitted to death row in Texas.

The information I have reviewed suggests very strongly that Mr. Hearn has Fetal Alcohol Syndrome.

Fetal Alcohol Syndrome (FAS) is a pattern of mental and physical defects which develops in some unborn babies when the mother drinks alcohol during pregnancy. A baby born with FAS may be seriously handicapped and require a lifetime of special care. Some babies born with alcohol-related birth defects, including smaller body size, lower birth weight, and other impairments, do not have all the classic FAS symptoms. These symptoms are sometimes referred to as Fetal Alcohol Effects (FAE). Researchers do not necessarily agree on the precise distinctions between FAS and FAE. There is agreement, however, on the cause of FAS/FAE. Alcohol in a pregnant woman's bloodstream circulates to the fetus by crossing the placenta. There, the alcohol interferes with the ability of the fetus to receive sufficient oxygen and nourishment for normal cell development in the brain and other organs.

The data concerning Mr. Hearn strongly supports a diagnosis of FAS:

- a. By her own account, Mr. Hearn's mother drank alcohol regularly and excessively during the first six months of her pregnancy with Mr. Hearn. She drank nearly every day until she passed out, or until she was able to suppress the voices that she was hearing. (Ms. Johnson has recently been diagnosed with Bipolar Disorder and Paranoid Schizophrenia, so the voices were likely from an ongoing psychotic illness.)
- b. At birth, Yokamon's records reveal that his reflexes were impaired. According to the birth records he had "poor moro-minimal abduction without cry." This neurological abnormality reflects underlying central nervous system defects associated with FAS.
- c. Yokamon's birth records also reveal that his respiration – breathing – was delayed for one minute. In addition, his initial Apgar score, a quick test performed at one minute after birth to determine the physical condition of a newborn, was extremely low – 2 out of a possible score of 10. An Apgar score below 5 indicates that the infant needs immediate assistance in adjusting to his or her new environment. These signs reflect the kind of problematic birth that is consistent with FAS.
- d. Yokamon's childhood photographs reveal classic signs that are uniquely characteristic of FAS. His nasal bridge is sunken or concave rather than convex. His filtrum, the vertical groove that is normally present between the nose and upper lip, is absent. His upper lip is thin.

In my opinion, Mr. Hearn suffers from Fetal Alcohol Syndrome.

One of the frequently occurring consequences of FAS is mental retardation. Indeed, FAS is the most commonly-identified cause of mental retardation. I have been informed by counsel for Mr. Hearn that other experts have determined that Mr. Hearn has mental retardation. Since he has FAS, it is likely that the major contributing factor of mental retardation in Mr. Hearn is FAS.

May 20, 2005


Pablo Stewart, MD

EXHIBIT 16

Dale G. Watson, Ph.D.

Clinical & Forensic Neuropsychology

2160 Appian Way, Suite 105

Pinole, CA 94564

Office: 866-536-5301, Fax: 925-757-3690

Email: watson.dale@comcast.net

May 19, 2007

Richard Burr, Esq.
906 East Jackson
Hugo, OK 74743

Re: Yokamon Hearn

Dear Mr. Burr:

As you are aware I was initially retained by you and Naomi Terr as the attorneys for Yokamon Hearn to review previous test results obtained with Mr. Hearn. Specifically, I reviewed the test results obtained with Mr. Hearn by Mary Alice Conroy, Ph.D., Randall Price, Ph.D., and Thomas G. Allen, Ph.D.

Focusing on the measures of intellectual abilities completed by Drs. Conroy, Price and Allen, I determined that, in my professional judgment, there were errors in the scoring completed by each of the evaluators. On the Wechsler Adult Intelligence Test - 3rd Revision (WAIS-III) protocol completed by Dr. Conroy there were scoring errors on items 4 and 9 of the Vocabulary subtest that had the effect of lowering the Verbal and Full Scale IQs by one point each to 72 and 73 respectively. The Performance IQ remained unchanged at 78. The WAIS-III protocol prepared by Dr. Price contained a scoring error on item 20 of the Vocabulary subtest with a resulting change in the Verbal IQ from 80 to 79 and in the FSIQ from 88 to 87. The Performance IQ remained unchanged at 99. Finally, on the Stanford Binet Intelligence Scales - Fifth Revision (SB-V) Dr. Allen appears to have made a simple addition error on the sum of the Nonverbal Scaled Scores with the corrected score resulting in a change in the Nonverbal IQ from 91 to 92. In addition, there was an error in translating the raw score of the Verbal Fluid Reasoning score to a Scaled Score. The resulting change in the Verbal IQ was from 96 to 95. There was no change in the SB-V Full Scale IQ which remained 93.

In addition to the analysis reported above, I administered the Woodcock-Johnson III Tests of Cognitive Abilities (WJ-III) to Mr. Hearn. The WJ-III is a measure of intelligence widely used in the school psychology community. The measure was recently re-normed on a large sample of individuals (8,782) matched to the 2005 U.S. census.¹ In addition, the measure is based upon the most comprehensive model of intellectual functioning known as the Cattell-Horn-Carroll (CHC) model. On the WJ-III Mr. Hearn obtained a General Intellectual Ability (GIA) of 87.² This score marks limited proficiency levels on measures of intellectual functioning and suggests that Mr. Hearn would find similar tasks that would be performed readily by others of his age to be very difficult. His intellectual functioning is consistent with the average 11 year old child (age range = 8 years 8 months to fourteen years two months). In particular, Mr. Hearn has moderately impaired Processing Speed abilities. He is thus seen to be slow in the completion of relatively easy cognitive tasks, to be slow in learning new information, to be troubled by becoming overwhelmed by complex events, to need extra time to complete even routine tasks, and to have difficulties making decisions quickly.

The following chart summarizes the intellectual test findings of the various professionals who have examined Mr. Hearn³:

¹ The data for the WJ-III Normative Update was originally collected between 1996 to 1999.

² The GIA is a measure of global intelligence equivalent to a Full Scale IQ score.

³ Scores are corrected as noted in the text above.

Re: Yokamon Hearn
 Dale G. Watson, Ph.D.
 May 19, 2007
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Measure	Conroy WAIS-III 5/2005	Price WAIS-III 11/2006	Allen Stanford Binet-V 11/2006	Watson Woodcock Johnson-III NU 2007
Verbal IQ	72	79	95	--
NonVerbal IQ	78	99	92	--
Full Scale IQ	73	87	93	87

Based on these findings I would conclude that Mr. Hearn's intellectual functioning falls above the range required by the first prong of the definition of mental retardation.

Nonetheless, a review of materials related to Mr. Hearn's adaptive functioning suggests that he does have significant deficits in adaptive functioning. James Patton, Ed.D. completed an evaluation of Mr. Hearn's adaptive functioning and concluded that Mr. Hearn does have such deficits. He based this judgment on the results of a quantitative and qualitative evaluation. Dr. Patton noted, "Based on [the results of the Adaptive Behavior Assessment System - II (ABAS-II)], Mr. Hearn clearly meets both of the adaptive behavior criteria of the 2002 AAMR for significant limitations in adaptive behavior. He has scores in two adaptive domains (Conceptual and Practical) that are more than two standard deviations below the mean and he has an overall score (General Adaptive Composite) that is more than two standard deviations below the mean. Furthermore, taking into consideration the standard error of measurement, the third adaptive domain (Social) also can be considered a significant limitation." Dr. Patton's evaluation does suggest the presence of adaptive functioning deficits.

In order to further understand Mr. Hearn's deficits in adaptive functioning in the face of IQ scores generally above the range associated with Mental Retardation/Intellectual Disabilities additional neuropsychological measures were completed with Mr. Hearn. The battery of tests was built around an Expanded Halstead-Reitan Neuropsychological Battery (xHRB). The specific tests administered included: the *Test of Memory Malingering (TOMM)*, the *Portland Digit Recognition Test*, *Green's Medical Symptom Validity Test (MSVT)*, *Green's Non-Verbal Medical Symptom Validity Test*, the *Word Memory Test (WMT)*, the *Validity Indicator Profile (VIP) (Verbal Subtest)*, the *Wechsler Test of Adult Reading (WTAR)*, the *Wide Range Achievement Test - 3rd Revision (WRAT-3)*, *Conners' Continuous Performance Test - II (CPT II V.5)*, *California Verbal Learning Test (CVLT)*, *Figure Memory Test*, *Wechsler Memory Scale - 3rd Revision (WMS-III)*, *Seashore Rhythm Test*, *Speech Sounds Perception Test*, *Dichotic Word Listening Test*, *Boston Naming Test*, the *Aphasia Screening Test*, the *Sensory Perceptual Exam*, *Tactile Form Recognition Test*, *Pocket Smell Test*, *Lateral Dominance Examination*, *Dynamometer*, *Finger Tapping Test*, *Grooved Pegboard Test*, *Tactual Performance Test (TPT)*, *Digit Vigilance Test*, *Trail Making A & B*, the *H-Words Test*, *Wisconsin Card Sorting Test (WCST)*, the *Booklet Category Test*, and the *Delis-Kaplan Executive Function System (D-KEFS) (selected subtests)*.

An examination of the neuropsychological test findings revealed a pattern of strengths and weaknesses in Mr. Hearn's neuropsychological profile. On the General Neuropsychological Deficit Scale (GNDS) (Reitan and Wolfson), a measure summarizing the results of the Halstead Reitan Battery, Mr. Hearn obtained a raw score of 32 - falling within the mild neuropsychological deficit range. In addition, measures of lateralized brain dysfunction, showed a predominance of impairment associated with the left hemisphere of the brain. The left hemisphere, in most right-handed individuals such as Mr. Hearn, is dominant for verbal abilities. The right hemisphere is dominant generally for visual-spatial abilities. On the Left Neuropsychological Deficit Scale Mr. Hearn's score was elevated at 13 in comparison to the Right Neuropsychological Deficit Scale where his score was only 3.⁴ In contrast to the GNDS, the Global Deficit Scale GDS (Heaton et al.), which makes corrections for scores based on the individual's age, education, gender and race, Mr. Hearn's score fell within the Below Average range but not in the clearly impaired range. A controversy exists in the literature regarding the necessity of making such demographic adjustments with some arguing that such adjustments simply disguise the presence of brain-related disabilities. This may particularly be the case when adjustments are made for education; dropping out of school may be the consequence of impaired cognitive and

⁴ Elevations on these scales represent greater levels of impairment. These are raw scores where clinically scores of about 10 or above are frequently associated with structural brain damage.

Re: Yokamon Hearn
Dale G. Watson, Ph.D.
May 19, 2007
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neuropsychological abilities rather than the cause of poor test scores. As Golden noted, "In some cases . . . age and education corrections can lead to serious problems when the age or education correction corrects for brain injury itself. . . a group of individuals with only a sixth grade education may have been unable to go any further because of a neurological disorder, while others dropped out for economic reasons. The overall effect is that the test is less sensitive to actual (although preexisting) disorders."⁵ For this reason, demographic corrections are perhaps most appropriate in cases of brain injury acquired following the developmental period. In Mr. Hearn's case, where his limitations appear to be developmental in nature, I would conclude that Reitan and Wolfson's GNDS likely most accurately characterizes Mr. Hearn's abilities and that he does show evidence of brain dysfunction.

Further analysis of the neuropsychological test findings shows a pattern of impairments consistent with a predominance of verbal compared to non-verbal limitations, auditory processing problems, academic skills deficits, auditory memory problems, limitations in his speed of information processing, impulsivity and deficits in verbal problem solving. For example, Dr. Price's WAIS-III protocol completed with Mr. Hearn revealed a marked discrepancy between an index of Verbal Conceptual abilities (Index Score = 80) and an index of Perceptual Organization (Index Score = 103). A discrepancy of this magnitude (23 points) was rare at Mr. Hearn's level of intellectual ability within the normative sample, occurring in only two percent of individuals and represents an abnormality in his profile of abilities.⁶ In addition, on the Wechsler Memory Scale - 3rd Revision (WMS-III) Mr. Hearn obtained an Auditory Immediate Memory Index score of 71 - 20 points below his Immediate Visual Memory Index score, which was 91. The results of the WMS-III suggest that he is likely a poor auditory learner and is slow to learn though he is able to retain information once learned. The finding of poor auditory processing ability was confirmed by the results of the Dichotic Word Listening Test where his performance fell below the 5th percentile cutoff for impairment bilaterally. This task required him to identify different words presented simultaneously to the left and right ears via stereo headphones. This result suggests that he has marked problems in auditory processing particularly on tasks that require him to divide his attention. Academic skills are also limited with his performance on the Wide Range Achievement Test - 3rd Revision (WRAT-3) demonstrating limitations in reading, spelling and arithmetic. On the Reading subtest his performance was at the 7th grade level (Standard Score = 82; percentile rank = 12), on the Spelling subtest it was at the 5th grade level (Standard Score = 76; percentile rank = 5) and on the Arithmetic subtest his performance was at the 4th grade level (Standard Score = 70; percentile rank = 2). These findings were consistent with the findings of Dr. Price who administered the Kaufman-Functional Academic Skills Test with a resulting composite score of 76 falling at the 5th percentile rank and in the Well-Below Average range. Additionally, referring back to the results of the Woodcock-Johnson - III findings, Mr. Hearn is notably slow in processing speed. Adding to this finding, the results of the Conners' Continuous Performance Test - II (CPT II V.5) found Mr. Hearn overall to not have a visual attention disorder but he did have an impulsive style so that his responses were fast but inaccurate. Further, on the Delis-Kaplan Executive Function System (D-KEFS), a battery of tests designed to identify deficits in executive functions, Mr. Hearn demonstrated limitations in verbal (but not non-verbal) problem solving including concrete thinking, poor deductive verbal reasoning abilities, cognitive inflexibility, and problems with verbal inhibition. Finally, on the Wisconsin Card Sorting Test (WCST), another measure of executive functions, Mr. Hearn exhibited limited problem solving abilities and specific problems in the "Learning to Learn" ability. In other words, he was slow to understand the underlying requirements of the task despite ongoing feedback designed to allow him to learn the sorting principles.

The implications of these deficits are consistent with an individual with a history of school failure, difficulties paying attention to conversations, poor problem solving, concrete verbal thinking, who is slow to learn from experience and despite an impulsive style displays a slowness in processing information. Many of his difficulties are on verbally mediated tasks so he will face challenges in his daily life when confronted with tasks that require complex communications, verbal reasoning and verbal learning. He will perform more

⁵ Golden, C.J., Espe-Pfeifer, P. & Wachsler-Felder, J. (2000). Neuropsychological Interpretation of Objective Psychological Tests. New York: Kluwer Academic / Plenum Publishers, pps. 5-6.

⁶ Hawkins, K.A. & Tulsy, D.S. (2003). WAIS-III WMS-III Discrepancy Analysis: Six-Factor Model Index Discrepancy Base Rates, Implications, and a Preliminary Consideration of Utility. In David S. Tulsy, Donald H. Saklofske, Gordon J. Chelune, Robert K. Heaton, Robert J. Ivnik, Robert Bornstein, Aurelio Prifitera, Mark F. Ledbetter (Eds.) Clinical Interpretation of the WAIS-III and WMS-III. New York: Academic Press, pps. 211-272.

Re: Yokamon Hearn
Dale G. Watson, Ph.D.
May 19, 2007
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efficiently on tasks that are visual in nature. Mr. Hearn's neuropsychological deficits appear to underlie the previous findings of deficits in adaptive functions particularly in the area of Conceptual functioning. Conceptual functions involve the areas of language abilities (receptive and expressive), reading and writing, and self-direction. These deficits are likely developmental in nature.

If you have questions regarding this brief summary of these evaluation findings please do not hesitate to contact me.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Dale G. Watson, Ph.D.", written in black ink.

Dale G. Watson, Ph.D.
Clinical and Forensic Neuropsychologist

EXHIBIT 17

[Handwritten signature]

CONFIDENTIAL

YEAR 4
GRADE 3 TEST DATE 02/69
BIRTH DATE 11/06/78
STUDENT NAME YOKAMON L.
DISTRICT NO. 77349 (DISTRICT)
CAMPUS 132 DARRRELL EL
SCALED SCORE SUBJECT MATHEMATICS

MATHEMATICS
READING
WRITING

737
670
623

YES
YES
YES

[illegible]

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11/08/76	YOKAM	773749	HEAN	05	05
11/08/76	YOKAM	773749	HEAN	05	05

11/08/78	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
11/08/78	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

08	03	773749	YOKAMON	11/06/78
08	03	773749	YOKAMON	11/06/78

[illegible][illegible]

EDUCATIONAL ACHIEVEMENT TESTS
NORM-REFERENCED ASSESSMENT PROGRAM FOR TEXAS
CONFIDENTIAL STUDENT LABEL
HEARN TEST DATE APRIL 1993 L
BASE NORMS SPRING 1992
FORM 2

GRADE 7 SEX M
BIRTHDATE [REDACTED]
STUDENT-10 [REDACTED]
CAMPUS: ZUMALT MIDDLE
DISTRICT: DALLAS ISO

Printed By: 165 - 2003 The Riverside Publishing Co. and Testa Publishing Company										Score
SCORE TYPE	Reading Comprehension	Mathematics Concepts	Mathematics Problem Solving	Total Mathematics	Spelling Mathematics Composite	Language	Reading Math Composite	Social Studies	Science	
GRADE 5	27	36	32	95	118	118	220			
GRADE 6	24	20	19	63	82	82	145			
GRADE 7	26	30	26	82	108	108	210			
GRADE 8	24	30	26	80	106	106	210			
GRADE 9	24	30	26	80	106	106	210			
GRADE 10	24	30	26	80	106	106	210			
GRADE 11	24	30	26	80	106	106	210			
GRADE 12	24	30	26	80	106	106	210			
GRADE 13	24	30	26	80	106	106	210			
GRADE 14	24	30	26	80	106	106	210			
GRADE 15	24	30	26	80	106	106	210			
GRADE 16	24	30	26	80	106	106	210			
GRADE 17	24	30	26	80	106	106	210			
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GRADE 100	24	30	26	80	106	106	210			

14 0140-0084
Form C-6015-Rev 1-30M-346-N4-E

Middle School Cumulative Record

Name Hearn, Yokamon I. D. Number _____
 Date of Birth [REDACTED] Sex _____ Race _____
 Address _____ Telephone _____
 Parent/Guardian _____


 Dallas Independent School District

Middle School _____
 High School (Home) _____

Transcripts
Sent

ID. NO: 072 773749 NAME: HEARN, YOKAMON, L. SCHOOL: SARAH ZIMMALT M										ID. NO: 072 773749 NAME: HEARN, YOKAMON, L. SCHOOL: SARAH ZIMMALT M										ID. NO: 072 773749 NAME: HEARN, YOKAMON, L. SCHOOL: SARAH ZIMMALT M									
GRADE: 07 SCHOOL YR: 92/93 SEMESTER: FALL					GRADE: 07 SCHOOL YR: 92/93 SEMESTER: FALL					GRADE: 07 SCHOOL YR: 92/93 SEMESTER: FALL					GRADE: 07 SCHOOL YR: 92/93 SEMESTER: FALL					GRADE: 07 SCHOOL YR: 92/93 SEMESTER: FALL									
SUBJECT		1	2	3	EXAM	SEM	CRED	TEACHER	SUBJECT		1	2	3	EXAM	SEM	CRED	TEACHER	SUBJECT		1	2	3	EXAM	SEM	CRED	TEACHER			
LANG ARTS 7		71	58	70	59	6	NO	HOLLON	LANG ARTS 7		70	70	50	UE	5	NO	HOLLON	LANG ARTS 7		70	70	50	UE	5	NO	HOLLON			
READING IMPRV		73	77	76	67	7	NO	CARERON	READING IMPRV		74	70	73	UE	5	NO	CARERON	READING IMPRV		74	70	73	UE	5	NO	CARERON			
TEX HST-GE07		80	83	89	65	8	NO	DISMUKE	TEX HST-GE07		70	75	65	UE	5	NO	DISMUKE	TEX HST-GE07		70	75	65	UE	5	NO	DISMUKE			
MATH 7 PH		74	70	76	52	7	NO	LEWIS	MATH 7 PH		70	80	72	UE	5	NO	LEWIS	MATH 7 PH		70	80	72	UE	5	NO	LEWIS			
COMP LITERACY		74	50	70	58	6	NO	JONES	LIFE SCI 7		80	50	70	UE	5	NO	HAMILTON	COMP LITERACY		74	50	70	UE	5	NO	HAMILTON			
LIFE SCI 7		69	50	73	58	6	NO	HAMILTON	PE-AEROBICS 7		70	90	90	60	7	NO	MCWILLIAM	LIFE SCI 7		69	50	73	UE	5	NO	MCWILLIAM			
MATH 7/MASTERY		70	72	80	70	7	NO	MCLAUGHLI	MATH 7/MASTERY		81	50	74	UE	5	NO	MCLAUGHLI	MATH 7/MASTERY		70	72	80	UE	5	NO	MCLAUGHLI			
ENTERED		SEM ENDYD		ABS	SEM GPA		SEM CR	CUM GPA	CUM CR	ENTERED		SEM ENDYD		ABS	SEM GPA		SEM CR	CUM GPA	CUM CR	ENTERED		SEM ENDYD		ABS	SEM GPA		SEM CR	CUM GPA	CUM CR
08/18		12/17		06						08/18		05/26		14						08/18		05/26		14					
8th																													

8th

Repeat

Name _____ I. D. Number _____		Referral for Special Services			
Objective Test Data		Date	ARD Team	Student Service Number	Recommendations
7th	<p>CONFIDENTIAL</p> <p>TEST DATE: 09/92</p> <p>STUDENT: HEARN, VICKY ANN L</p> <p>BIRTH DATE: 12/1/84</p> <p>STUDENT ID: 857-095</p> <p>DISTRICT: 095 DALLAS ISD</p> <p>CAMPUS: 072 TURNWALT MIDDLE</p> <p>SCALE - MET MINIMUM</p> <p>SCORE EXPECTATIONS</p> <p>WRITING 1468 NO</p> <p>READING 1278 NO</p> <p>MATHEMATICS 1308 NO</p>				
8th					
Additional					

**STATE OF TEXAS
ACADEMIC ACHIEVEMENT RECORD
(ACCREDITED)**

YOKAMON L HEARN
Student ID: 773749
SSN : [REDACTED]
DOB : [REDACTED]
Male
Black

Parents/Guardians
WANDA HEARN

DISD 2004 - 2005 SCHOOL YEAR
A. MACEO SMITH HIGH SCHOOL
3030 S STAG RD
DALLAS TX 75216
302-2030
CBCC: 441742 TEA code: 057-905-003

TAAS MASTERY
Reading :
Mathematics :
Writing :

END OF COURSE
Algebra 1 :
Biology 1 :
English II:
US History:

Schools Awarding Credit

92/93 057-905-072/057-905-072 95/96 057-905-003/057-905-003
94/95 OUT-OF -DIS/OUT-OF -DIS 96/97 057-905-003
94/95 OUT-OF -DIS/OUT-OF -DIS

	S1	S2	Av	Cr		S1	S2	Av	Cr
Language Arts					96/97 FSN:	50			0.0
94/95 ENG 1:@	50	50		0.0	96/97 CSG:	50			0.0
94/95 READIMP1:@	50	50		0.0	Other Electives				
95/96 ENG 1:	71			0.5	94/95 ROTC 1:@	78			0.5
95/96 ENG 1:		77		0.5	95/96 ROTC 1:	81	76		1.0
95/96 READIMP1:	78	79		1.0	96/97 ROTC 2:	62			0.0
96/97 ENG 2:	50			0.0	Local Credit				
Mathematics					95/96 TAAS TU:L	70	67		0.5
94/95 ALG 1:@	50	52		0.0	96/97 TAAS TU:L	53			0.0
95/96 ALG 1:	78			0.5					
95/96 ALG 1:		74		0.5					
96/97 GEOM:	*49			0.0					
Science									
94/95 PHYS SCI:@	64	70		0.5					
95/96 BIO:	71			0.5					
95/96 BIO:		76		0.5					
96/97 SCI 3:	50			0.0					
Social Studies									
94/95 W HIST:@		50		0.0					
94/95 W GEO:@	76			0.5					
95/96 US HIST:	70			0.5					
95/96 US HIST:		70		0.5					
Health									
94/95 HLTH ED:@	70			0.5					
Fine Arts									
96/97 MUS1BAND:	80			0.5					
Career & Technology									
95/96 TS:	70	72		1.0					
Credit Totals:					State	9.50	Local	0.50	

Date of Class Rank: 03/08/1997 Date of Graduation:
Rank : 174 HIGH SCHOOL PROGRAM
Class Size : 200
Average : 64.8300
Collegiate GPA : 1.1700
Quartile : 4

70-100-passing grades
W = PS Waiver
* = credit denied due to excessive
absences (TAC 166, PDP(local)),
* = credit based on full year average

NOTES: A-Tech-Prep;C-Correspondence;D-Dual Credit; E-Credit by Exam;
G-Gifted/Talented;H-Honors;I-IB Course;J-BS course completed prior to
Grade 9; K-Pre IB Course; L-Local Credit Course; M-Magnet Course;
N-Night School Course; P-AP Course; Q-Pre AP Course; R-Summer;
S-Content modified by ARD; T-Credit Verification; X-Innovative Course;
Z-Distance Learning; @- Received from Another District

Texas Grant
Academic Eligibility:

Date Printed: 01/07/2005

YOKAMON L HEARN
Student ID: 773749

DISD 2004 - 2005 SCHOOL YEAR
A. MACEO SMITH HIGH SCHOOL

College Entrance Exams											
PSAT	DATE	LEV	VERB	VPCT	MATH	MPCT	SEL	SECRET			
SAT	DATE	LEV	VERB	MATH	TOTAL						
ACT	DATE	LEV	E %	M %	S %	N %	C %				
SAT-ACH	DATE	ACH1	ACH2	ACH3							
(1st TAAS : Rd TLI - Mth TLI - Writ Sci -)											
Test of Achievement and Proficiency											
Immunization Records											
RUBELLA	1V	02/01/91					HEP B				
MUMPS	1V	02/01/91					HEP A				
							VARICELLA				
RUBELLA	1V	02/01/91									
DPT	1V	11/14/95									
POLIO	1V	08/10/84									
Honors & Activities											
Special Comments											
<i>2 Thompson</i> <i>1-7-05</i> <i>Date mgn</i>											
Distinguished Achievement Measures											

GPA is based on all courses taken in the 9th grade or above. Final rank in class is computed by totaling the weighted rank points of eligible courses representing the highest 24 credits taken and earned in grades 9 - 12. Course credit earned through credit by examination or credit for acceleration and courses taken as pass/fail are excluded from GPA and rank.